Implementation Evaluation of the Drug Offender Screening, Assessment, and Treatment Initiative

Presented to the
Interagency Drug Offender Screening and Assessment Committee

Virginia Department of Criminal Justice Services
Criminal Justice Research Center

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Table of Contents

List of Tables

List of Figures

I. Overview

In 1998, Virginia's General Assembly passed House Bill 664 and Senate Bill 317 (HB664/SB317) enacting the Drug Offender Screening, Assessment, and Treatment (DSAT) initiative. This legislation, subsequently amended in 1999, established parameters for implementation that included: 1) formalized substance abuse screening and assessment procedures for certain juveniles, adult misdemeanants, and adult felons; 2) an offender-based fee system to provide funding for staff and operational components of the screening and assessment process; and 3) creation of the Interagency Drug Offender Screening and Assessment Committee, chaired by the Secretary of Public Safety, to ensure oversight of the initiative.

Since the legislation was enacted, an Interagency Workgroup, composed of representatives of Interagency Committee members, was established to provide direct oversight of the implementation process. The Workgroup, in collaboration with state agencies, has actively pursued state-level implementation activities to fulfill the mandates outlined in the 1999 legislation. Specific activities included implementation of a pilot phase; development of agency-specific screening and assessment policies and procedures; selection of standardized screening and assessment instruments; training for probation staff, members of the judiciary, Commonwealth's attorneys, and defense attorneys; development of confidentiality protocols and training on confidentiality; development and enhancement of Memoranda of Agreement and Qualified Services Agreements; and implementation of an evaluation process.

In the fall of 2000, the Department of Criminal Justice Services, Criminal Justice Research Center, received a request from the Secretary of Public Safety to conduct an evaluation of the DSAT initiative. The evaluation, planned for two phases, sought to address program implementation (Phase I) followed by an examination of program outcomes (Phase II). This evaluation report, addressing program implementation only, was designed to provide descriptive information about the development of the DSAT initiative and to examine how it was implemented at the state level as well as within local criminal justice programs across Virginia.

The information reported in this document was primarily collected through a combination of interview, survey, and document review activities. Evaluators conducted interviews with Interagency Workgroup members, agency representatives, local program directors, certified substance abuse counselors, Commonwealth's attorneys, public defenders, and representatives from local Community Services Boards. Evaluation staff also surveyed probation and pretrial officers and judges. Additionally, information about agency protocols, local office policies and procedures, funding resources, and workload data was collected through document review activities.

The evaluation results suggest that during the first 30 months of operation, state agencies and local programs have experienced both benefits and challenges during the implementation process. Reported benefits from implementing DSAT included enhanced identification of offenders with substance abuse problems, improved ability to provide clinical supervision of substance-abusing offenders, improved awareness of substance abuse issues among probation staff, improved information for members of the judiciary and probation staff to be used in

decision-making, and improved availability of both in-house substance abuse treatment services and treatment services more generally.

Evaluators also identified several challenges that may continue to impede the on-going implementation and administration of DSAT. Recommendations from evaluators to address these issues included:

- Improving collaboration among the state agencies involved in implementation in order to facilitate decision-making, interagency operations and assistance, and to ensure consistency in the screening and assessment process;
- Establishing a formalized decision-making process, including strengthened directed decision-making at the oversight level;
- Reducing duplication issues within individual agencies, across criminal justice agencies, and between criminal justice agencies and treatment providers;
- Enhancing the availability of training, particularly for attorneys and judges as well as those typically responsible for screening and assessment tasks;
- Improving program models, ensuring that qualified staff positions are available to complete required screening and assessment responsibilities;
- Re-examining the approved screening and assessment instruments;
- Examining program outcomes; and
- Improving data for management and evaluation of DSAT activities.

Additionally, evaluators recommended that the Interagency Committee examine the functional role of both the Virginia Alcohol Safety Action Program (VASAP) and pretrial services in this initiative; document the impact of recent budget reductions, including the elimination of Substance Abuse Reduction Effort (SABRE) funding, and examine alternative, stable funding sources to off-set the impact of these funding losses; and examine the possibility of including additional members on the Interagency Committee, including the Secretary of Health and Human Resources.

A complete review of the findings and recommendations is included in this report. A separate executive summary of this project and its findings can be found in the document, *Implementation Evaluation of the Drug Offender Screening, Assessment, and Treatment Initiative: Executive Summary*, which is available upon request from the Department of Criminal Justice Services, Criminal Justice Research Center.

II. Report Authority

Under §2.2-223 of the *Code of Virginia*, the Interagency Drug Offender Screening and Assessment Committee is charged with several tasks including the implementation of an evaluation process and periodic program evaluations. Given this charge, the Secretary of Public Safety, as Chairperson of the Interagency Committee, has asked the Virginia Department of Criminal Justice Services, Criminal Justice Research Center, to conduct a thorough evaluation of the Drug Offender Screening, Assessment, and Treatment initiative (DSAT) including an implementation evaluation (Phase I) and an evaluation of program outcomes (Phase II). This report is presented to the Interagency Committee as the final report on Phase I of the evaluation process, the implementation evaluation of the DSAT initiative.

III. Background

In a landmark decision in 1962, the Supreme Court stipulated that chemical addiction is an illness, rather than a crime, and that states may force a person addicted to drugs or alcohol into treatment and impose criminal sanctions for failure to comply with a treatment program (*Robinson v. California*, 370 U.S. 660). Since this decision, several states have enacted legislation mandating screening and assessment of substance-abusing offenders and integrating treatment for substance abuse with criminal sanctions.

Virginia is among those states mandating treatment for offenders with substance abuse problems. In 1972, Virginia's General Assembly passed a law authorizing the commitment of convicted persons for drug or alcohol treatment (§18.2-254).[1] Under this statute, an offender can be placed into treatment as a sentencing option upon conviction. In 1997, the General Assembly also passed legislation requiring any offender participating in the deferred judgment provisions of the first offender drug statute (§18.2-251) to undergo an assessment and participate in treatment, if deemed appropriate. Although not enacted, legislation was also introduced in 1997 requiring juvenile offenders to undergo substance abuse assessments.

In 1997, House Joint Resolution 443 (HJR 443) directed the Virginia State Crime Commission to conduct a study on methods for providing substance abuse treatment services to offenders in the criminal justice system. The study resolution also directed the Crime Commission to collaborate with several state agencies that provide services and/or funding for offender substance abuse treatment services. As a result of this directive, an interagency planning group was formed that included representatives from the Crime Commission, the Department of Juvenile Justice (DJJ), the Department of Corrections (DOC), the Department of Criminal Justice Services (DCJS), the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), the General Assembly House Appropriations Committee and Senate Finance Committee, and the Virginia Alcohol Safety Action Program (VASAP). This study included a review of services provided by various state agencies, a review of funding mechanisms for substance abuse services, recommendations for cost-effective methods of providing community-based treatment to offenders, and an examination of other states' models for funding substance abuse treatment for offenders.

[1] A complete description of the DSAT-relevant *Code of Virginia* sections can be found in Appendix A.

One model that was carefully reviewed by the planning group had been implemented in Colorado. In 1991, Colorado's legislature enacted a law mandating that all offenders should be assessed for substance abuse in an objective and uniform manner and the system should respond with integrated education, treatment, and criminal justice sanctions. The law also required that all state agencies involved with offenders and drug abuse treatment work together to develop and implement a single statewide system. Colorado's system incorporated several components that were appealing to Virginia's team, including required substance abuse assessments for certain offenders, standardized substance abuse assessment methods, a continuum of education and treatment programs, systematic drug testing, an offender tracking database, offender surcharges to support implementation, and a multi-agency implementation committee. Because the Colorado model was viewed so favorably, the interagency planning group obtained assistance from the National Institute of Corrections to fund the consultant services of the Director of Probation for the state of Colorado. After the consultant conferred with the interagency planning group, a contingency of the planning group and the study patron conducted a site visit to Denver, Colorado and met with agency officials and judges involved in implementing the model.

The key finding from the Crime Commission's study and the Colorado review was that Virginia needed a comprehensive strategy whereby drug-involved offenders would be identified during the sentencing phase and substance abuse treatment would be integrated with criminal sanctions. The study also documented significant gaps in substance abuse services for the criminal justice population, inadequate funding resources for this population, lack of quantifiable data to determine the actual extent of substance abuse among the criminal justice population, and the necessity of having an offender-based funding mechanism to partially offset the taxpayer cost of operating a system of this type. As a result of this process, the planning group drafted preliminary legislation to provide for a similar initiative in Virginia.

IV. Development of the DSAT Initiative

Although more comprehensive in scope, Virginia's Drug Offender Screening, Assessment, and Treatment (DSAT) initiative was modeled, in large part, after the Colorado initiative. During the 1998 session, the General Assembly passed House Bill 664 and Senate Bill 317 (HB664/SB317) enacting the DSAT initiative. As established, the primary goals of Virginia's DSAT initiative included the following:

- Systematic identification of the substance-abusing offender population, the level of alcohol and other drug use by this population, and their treatment needs;
- Improved integration of criminal justice sanctions with treatment needs of substance-abusing offenders;
- Identification of gaps in the substance abuse treatment network for offenders;
- Improved interagency collaboration and cooperation;
- Establishment of data systems to maintain screening, assessment, and treatment information; and
- Establishment of a mechanism to offset taxpayer cost of screening, assessment, and treatment of offenders for substance abuse problems.

Provisions of the Original DSAT Legislation

Although later amended, the HB664/SB317 legislation outlined specific screening and assessment provisions that became effective for offenses committed on or after July 1, 1999. These provisions, contained in §§16.1-273, 18.2-251.01, 19.2-299, and 19.2-299.2 of the *Code of Virginia,* are highlighted below for each of the three offender groups included in the legislation, including juvenile offenders, adult misdemeanants, and adult felons.

Juvenile Offenders

The original legislation specified that for any juvenile adjudicated for a felony or Class 1 or 2 misdemeanor, the court should require completion of a social history, including a drug screening and assessment component. Screening and assessment of juveniles was to be completed by a substance abuse specialist (SAS) working in the court services units (CSUs) serving the juvenile and domestic relations (J&DR) court system.

Adult Misdemeanants

The original legislation required local-responsible offenders to undergo screening and assessment if convicted of a 1) Class 1 misdemeanor drug or drug paraphernalia crime or 2) a second or subsequent DUI offense committed within five years of the previous offense. The screening and assessment of misdemeanants was to be conducted by the local alcohol safety action program (ASAP), in conjunction with and pursuant to an agreement with the local community-based probation (CBP) program. If the screening and assessment identified the offender as having a substance abuse or dependence problem, the court, as a condition of a suspended sentence or probation, was required to order the person to complete the substance abuse education or intervention component, or both as appropriate, of the ASAP or such other treatment program.

Adult Felons

The original legislation required all state-responsible offenders convicted of a non-capital felony to undergo screening and assessment by a certified substance abuse counselor (CSAC), as well as preparation of a presentence investigation report (PSI) for all felony offenses and in certain specified misdemeanor cases (assault and battery, stalking, sexual battery, and DUI). Presentence investigations were to be completed by probation officers employed in DOC probation and parole districts. If an offender was determined to have a substance abuse problem, the court was required to order placement into a treatment and/or education program certified or licensed by DMHMRSAS or a similar program made available through DOC.

HB664/SB317 Implementation Workgroup and Subcommittee Activities

Due to the large scope of implementing this initiative across numerous agencies, the 1998 legislation directed the development of the HB664/SB317 Implementation Workgroup consisting of the directors of DJJ, DOC, DCJS, VASAP, and the Virginia Criminal Sentencing Commission (VCSC). This group was responsible for developing guidelines for the implementation of the initiative. An Advisory Committee was also established to examine implementation issues and to make recommendations to the Implementation Workgroup. The Advisory Committee was organized into three Subcommittees to address the following issues: 1) screening and assessment, 2) treatment and sanctions, and 3) outcome measures. Although this process ultimately delayed the implementation of the initiative until July 1999, the planning time was seen as necessary to strengthen the legislation. The activities of each Subcommittee are outlined below.

The Screening and Assessment Subcommittee

The Screening and Assessment Subcommittee was charged with developing proposals for implementing the screening and assessment requirements of the legislation. The Subcommittee divided its work into two main tasks: 1) selecting screening and assessment instruments, and 2) generating a plan for establishing screening and assessment processes for each of the three major offender groups covered by the legislation. The Subcommittee held seven meetings between May and October of 1998.

Selection of Screening and Assessment Instruments

To promote consistency in the screening and assessment process and to enhance the coordination among agencies, the Subcommittee's task was to select a set of standardized screening and assessment tools that could be used by all involved agencies. As a first step, the Subcommittee set forth definitions of screening and assessment to help guide the group throughout its work. These definitions are outlined below.

- Screening was defined as a preliminary evaluation to measure whether key or critical features of a target problem are present in an individual. A screening instrument should be used to identify individuals likely to benefit from a comprehensive assessment, and it should be brief and easy to administer.
- Assessment was defined as a thorough evaluation to establish definitively the presence or absence of a diagnosable disorder or disease. Results of the assessment should be utilized to develop treatment plans and assess needs for service. Assessment was viewed

as more time-intensive than screening, usually requiring some degree of specialized training to perform.

The Subcommittee then reviewed various screening and assessment instruments, aided by the clinical expertise of several members of the Subcommittee and the findings from a 1997 DMHMRSAS task force. The Subcommittee evaluated instruments based on a variety of factors, including the following: applicability to diverse populations; credibility among criminal justice and treatment professionals; utility in the criminal justice setting; ease of administration and administration time; training requirements; costs (including materials and training); the availability of software and compatibility of the instrument with existing reporting functions; the validity, reliability, and sensitivity of the selected instruments; and the need for different instruments for juvenile and adult offenders, given the different developmental ranges of these populations.

The Subcommittee ultimately recommended the following screening and assessment tools:

Screening Instruments – The adolescent version of the Substance Abuse Subtle Screening Instrument (SASSI) and the Simple Screening Instrument (SSI) for adults.

Assessment Instruments – The Child and Adolescent Functional Assessment Scale (CAFAS) for juveniles and the Addiction Severity Index–5th edition (ASI) for adults.

Agency representatives reported that the juvenile screening and assessment instruments were recommended for several reasons in addition to their reported reliability and validity. Because DJJ utilized the SASSI at its Reception and Diagnostic Center to screen juveniles committed to the Department and in a number of CSUs and affiliated programs, it was highly recommended by DJJ representatives. Additionally, the CAFAS was being used by Community Services Boards (CSBs) and the Office of Comprehensive Services, so it, likewise, was highly recommended as an appropriate assessment tool. Additionally, DJJ opted to utilize the Drug and Alcohol section of the Adolescent Problem Severity Index (APSI) to supplement the CAFAS. Agency representatives also reported that the adult assessment instrument, the ASI, was recommended in part because it was already in use in a variety of clinical settings in Virginia, including the CSBs' substance abuse treatment programs operated by DOC. Although DMHMRSAS was already using a customized version of the ASI geared toward an offender population, the Subcommittee recommended using the standard version of the ASI because it was available at no cost to the agencies. Table 1 provides a brief review of the recommended instruments. For a more detailed discussion of each instrument, please refer to Appendix B.

Table 1: Review of Recommended Screening and Assessment Instruments

Instrument	Population	Number of Items	Administration Type	Administration and Scoring Time	Costs
SASSI	Juvenile	100	Self-Report	15 minutes to administer and score	$1.25 per administration
CAFAS	Juvenile	8 scales, 5 areas	Interviewer Rating	45-90 minutes for standard clinical interview, 10-15 minutes to complete and score	$1.40 per administration
APSI	Juvenile	51	Self-Report	45 minutes to administer and score	No charge
SSI	Adult	16	Interview	5-10 minutes to complete and score	No charge
ASI	Adult	130	Interview	60-90 minutes to complete and score	No charge

Establishment of Screening and Assessment Procedures

The second task of this Subcommittee was to establish screening and assessment procedures for each of the three groups of offenders included in the legislation. After a thorough review of the existing legislation and lengthy discussions about different approaches to the screening and assessment process, the Subcommittee recommended procedural and legislative amendments to strengthen the provisions of the 1998 legislation and improve compatibility with existing court processes. The specific recommendations set forth by the Subcommittee for each offender group are summarized below.

Juvenile Offenders

- Social histories should not be required but remain at the discretion of the J&DR court judge.
- Screening and assessment of juvenile offenders should take place after adjudication but prior to disposition in all cases, even if the judge does not order a social history report.
- Screening and assessment should only be required for juveniles adjudicated of felonies, Class 1 misdemeanors, and any other misdemeanor drug crimes, thereby eliminating non-drug Class 2 misdemeanors from screening and assessment requirements.
- Juvenile offenders tried as adults in circuit court should be screened and assessed with instruments selected for juvenile offenders with results from this process included in the transfer report.
- For repeat juvenile offenders, a new screening and assessment should be conducted if the offender has not been screened and assessed for six months.

- A certified substance abuse position should be allocated for each of the three locally-operated CSUs as was provided for the 32 state-operated CSUs.
- While funding provided upgrades of 32 existing positions to create a SAS in each state-operated CSU but only provided 16 replacement positions, the remaining 16 positions should also be replaced to maintain appropriate levels of probation staff.

Adult Misdemeanants

- Screening and assessment should be performed after conviction and sentencing.
- Screening and assessment should be conducted by ASAP upon conviction and sentencing except for offenders already screened as part of a pretrial services (PTS) evaluation or offenders sentenced to participate exclusively in a local CBP program. Pretrial services programs should make screening and assessment results available to both ASAP and the local CBP program.
- When an offender is ordered to enter programming under local CBP, but not ASAP, local CBP should be responsible for the screening and assessment. New agreements should be established between ASAP and local probation to facilitate this process.
- Eliminate second-time DUI offenders from the screening and assessment requirements.
- Screening and assessment should not be required if the judge does not sentence an offender to any type of supervision, program, or service.
- For repeat offenders, a new screening and assessment should be conducted if the offender has not been screened and assessed for a period of 12 months or one year following release from incarceration.
- Screening and assessment for an offender convicted of any non-drug Class 1 misdemeanor should be at the discretion of a judge. When ordered, these cases should be handled under the same procedures as drug misdemeanants.

Adult Felons

- Presentence reports should not be required for the specified misdemeanor offenses (assault and battery, stalking, sexual battery, and DUI) but may be prepared at the discretion of the court or on motion of the defendant.
- Screening should be conducted by the probation and parole district unless an offender has undergone a screening as part of a pretrial services evaluation. In these instances, PTS programs should make the screening results available to the probation and parole district.
- Results of the screening and assessment should be attached to the presentence report and provided to the judge along with sentencing guidelines, if applicable.
- For repeat offenders, a new screening and assessment should be conducted if the offender has not been screened and assessed for a period of 12 months or one year following release from incarceration.
- Eliminate the requirement that probation officers collect the costs for screening and assessment.
- Funding should be provided for a CSAC position in the newest probation and parole district that serves Franklin and Southampton Counties.
- While funding provided upgrades of 41 existing positions to create a CSAC in each probation district but only provided 24 positions to replace those positions, the remaining

17 positions (plus one for the new probation and parole district) should also be replaced to maintain current levels of probation staff.
- Funding should be provided for additional probation officers and support staff necessary to complete the additional duties associated with the screening and assessment process.

Other concerns were discussed at length by the Subcommittee and the following recommendations resulted from these discussions:

- Amend §§19.2-299.2, 18.2-251.01, and 16.1-273 to allow probation officers under the supervision of a CSAC to conduct the screenings and assessments.
- Amend §§19.2-299.2, 18.2-251.01, and 16.1-273 to require DJJ, DOC, local CBP and PTS programs, and VASAP to maintain automated information on all screenings and assessments completed.
- Establish regional clinical supervisor positions to ensure continuous supervision of screening and assessment activities, establish continuing education programs, and prevent coverage gaps. This recommendation required funding for 7 positions (4 in DOC and 3 in DJJ).
- Implement the legislation in a two-stage process to allow sufficient time for development of new agreements across the state, adequate training of judges and staff, and agencies to address implementation issues prior to statewide implementation.
- Establish an oversight mechanism to ensure consistency across the state in implementation of screening and assessment activities, promote interagency coordination, and assist agencies in addressing unforeseen difficulties.

The Treatment and Sanctions Subcommittee

The Treatment and Sanctions Subcommittee was charged with the following tasks: 1) analyze the current substance abuse continuum of services and identify an optimum treatment service continuum for drug-involved offenders, and 2) recommend a graduated sanctioning system for probation and parole violations related to substance abuse. The Subcommittee met six times between May and October 1998. The goals established by this group included the following:

- Establish a seamless system between criminal justice and treatment agencies;
- Provide a continuum of services for the target offender population;
- Implement a system to perform drug testing to monitor performance in treatment and criminal justice supervision; and
- Develop and implement graduated sanction options to increase compliance with the conditions of treatment.

The work plan of the Subcommittee included an extensive review of current literature on substance abuse treatment for drug-involved offenders, as well as relevant studies and plans by legislative and executive branch agencies.

Through this process, the Subcommittee made the following recommendations to meet its goals:

- Impose a maximum waiting list for outpatient services not to exceed seven days;

- Increase outpatient, intensive outpatient, and day treatment services in all localities for juveniles and adults;
- Create linkages between treatment providers and criminal justice agencies using comprehensive Memoranda of Agreement;
- Provide a model Qualified Services Agreement between treatment providers and criminal justice agencies to resolve any confidentiality issues;
- Provide cross-training for probation staff, case managers, and substance abuse counselors and outline this training in the Memoranda of Agreement; and
- Facilitate interagency training classes on using the screening and assessment instruments.

The Outcomes Subcommittee

The Outcomes Subcommittee was charged with developing a plan to evaluate the impact of the DSAT legislation. The Subcommittee made the following recommendations with respect to an evaluation:

- The evaluation plan should include a process evaluation that examines how elements of the legislation are implemented; and
- The outcome portion of the evaluation should include: 1) short-term, long-term, and on-going outcomes, 2) interim and annual reports, and 3) recommendations for improvement or change.

Developments from Subcommittee Recommendations

Based on the recommendations set forth by the Screening and Assessment Subcommittee, the HB664/SB317 Implementation Workgroup made numerous proposals to the Virginia State Crime Commission, the General Assembly House Appropriations and Senate Finance Committees, the House Courts of Justice Committee, and the Senate Courts of Justice Committee to revise the HB664/SB317 legislation during the 1999 legislative session and adopt budget amendments to ensure adequate funding for supporting the initiative. These proposals included the following legislative amendments:

General

- Amend §§16.1-273, 18.2-251.01, and 19.2-299.2 to: 1) clarify that substance abuse screening will be done on all specified offenders, while assessment will be performed on only offenders identified by the screening as having a substance abuse problem; 2) allow screening and assessment to be conducted by persons under the supervision of a CSAC; 3) require DJJ, DOC, local CBP and PTS programs, and VASAP to maintain automated records of screening and assessment results, including date and identifying information on the offender;
- Allow for a staggered implementation, including a pilot phase operating in selected jurisdictions for six months with full implementation on January 1, 2000; and
- Establish an interagency group to oversee screening and assessment activities, chaired by the Secretary of Public Safety.

Juvenile Offenders

- Amend §16.1-273 to make social histories at the option of the judge, rather than required in all instances, and to require screenings and assessments of all juvenile felonies, Class I misdemeanors, and other juvenile drug-related adjudications prior to (rather than after) disposition;
- Fund SASs in the three locally-operated CSUs;
- Fund full-time equivalent (FTE) replacements for all the positions upgraded to SASs; and
- Fund FTEs for staff workload increases.

Adult Misdemeanants

- Amend §19.2-299.2 to remove the 2nd DUI offenders from statute; and
- Amend §19.2-299.2 to eliminate screening and assessment on misdemeanants who are not sentenced to any supervision, program, or other sanctions.

Adult Felons

- Amend §19.2-299 to require PSIs in felony cases only (PSIs for specified misdemeanor cases will remain at the discretion of the court);
- Fund a FTE for a CSAC for the newest probation and parole district;
- Fund the replacement of FTEs which were upgraded to CSACs;
- Fund the additional FTEs needed for the workload increases resulting from completion of PSIs on all felons; and
- Amend §18.2-251.01 to eliminate requirement for probation officers to collect additional fees for screening and assessment.

Despite Subcommittee recommendations, the revised legislation failed to identify the role of CBP/PTS programs in the screening and assessment process. When initially implemented at pilot sites, it became clear that most DSAT-eligible offenders were being placed under the supervision of CBP programs rather than local ASAPs. Under the legislation as written, offenders would have to be screened and assessed at ASAP while under the supervision of CBP programs. Additionally, under the *Code of Virginia*, PTS programs were not statutorily authorized to conduct screenings and assessments. Given these shortcomings, the *Code* language was subsequently amended during the 2000 legislative session to allow: 1) CBP to screen and assess offenders who are ordered to enter programming under their purview, rather than ASAP, if approved by the district's chief judge, and 2) PTS programs to conduct screenings and assessments as part of a pretrial investigation. These changes went into effect on July 1, 2000.

Provisions of Final DSAT Legislation

In summary, the 1998 legislation and subsequent revisions established parameters for implementing the DSAT initiative which included: 1) establishment of a two-stage implementation process, including a pilot phase between July 1 and December 31, 1999, and statewide implementation on January 1, 2000; 2) establishment of an offender-based fee system to provide funding for staff and components of the screening and assessment process; 3) creation of the Interagency Drug Offender Screening and Assessment Committee, chaired by the Secretary of Public Safety, to ensure oversight of the initiative; 4) and formalized screening and assessment procedures for juveniles, adult misdemeanants, and adult felons by court services

units, CBP/PTS programs, ASAPs, and probation and parole districts, respectively. In addition, although the legislation did not mandate particular screening and assessment instruments to be used in implementation, the HB664/SB317 Workgroup's recommended screening and assessment instruments were adopted by the Interagency Committee.

V: Evaluation Methodology

The purpose of the current evaluation was to provide information on the implementation of the DSAT initiative. The evaluation was limited to the time period between July 1999, when the DSAT initiative was implemented at selected pilot sites, and the end of June 2002, when data collection was completed. The evaluation incorporated qualitative and quantitative data from the following primary sources:[2]

- Personal interviews with Interagency Workgroup members;
- Personal interviews with representatives from DJJ, DOC, DCJS, and VASAP;
- Personal interviews with probation and parole district chiefs, CBP/PTS office directors, and CSU directors;
- Personal interviews with CSACs/SASs from probation and parole districts, CBP/PTS offices, and CSUs;
- Phone interviews with Commonwealth's attorneys and public defenders;
- Phone interviews with representatives of CSBs;
- Written surveys of probation staff from probation and parole districts, CBP/PTS offices, and CSUs;
- Written surveys of circuit, general district, and J&DR judges;
- Review of published Interagency Committee reports and related documentation;
- Review of agency written policies and operating procedures;
- Review of state and agency budget information;
- Review of monthly reporting data from agencies; and
- Observation of monthly Workgroup meetings.

In addition to the sources mentioned above, 10 preliminary site visits were made to gain information about local drug screening and assessment activities in October 2001. These limited reviews of DJJ, DOC, and CBP/PTS program sites provided a broad perspective on local screening and assessment practices in both large and small offices. As part of this process, evaluators interviewed key staff members at each program site, including program directors, CSACs/SASs, and staff who conduct screenings and assessments, about the processes used to: 1) identify mandated offenders, 2) conduct screenings and assessments, and 3) place offenders into appropriate services. The evaluators also reviewed written procedural protocols and case files and observed screenings and assessments in several program sites. The descriptive information obtained from these preliminary site visits was invaluable to the evaluation process and useful in developing appropriate data collection instruments for this evaluation.

Study Sample

Due to the large number of local offices that conduct substance abuse screenings and assessments for Virginia's juvenile and adult offenders, including 35 DJJ CSUs, 42 DOC probation and parole districts, 37 CBPs, and 19 PTS programs which are approved for screening and assessment (as defined in §19.2-123B of the *Code of Virginia)*, a sample of program sites

[2] All data collection, interview, and survey instruments are not included in this document due to length; they may be obtained from the Virginia Department of Criminal Justice Services, Criminal Justice Research Center.

were selected for intensive evaluation.[3] Through a stratified, random sampling process, 41 sites were selected, representing 9 CSUs, 12 probation and parole districts, 12 CBP programs, and 8 PTS programs. Sample sites are listed in Table 2.

Table 2: Sample Localities by Agency

DJJ	DOC	CBP	PTS
Arlington (17-A)	Accomack (4th)	Accomack	Alexandria
Bristol (28th)	Arlington (10th)	Alexandria	Arlington
Charlotte (10th)	Charlottesville (9th)	Fauquier	Chesapeake
Charlottesville (16th)	Danville (14th)	Frederick	Fredericksburg
Chesapeake (1st)	Lynchburg (13th)	Halifax	Halifax
Hampton (8th)	Manassas (35th)	Hanover	James City
Henrico (14th)	Norfolk (2nd)	Henrico	Mecklenburg
Hopewell (6th)	Norton (18th)	James City	Salem
Roanoke (23-A)	Portsmouth (3rd)	Lynchburg	
	Richmond (1st)	Norfolk	
	Rocky Mount (37th)	Pulaski	
	Warsaw (33rd)	Wise	

The majority of these sites were visited in Spring 2002 by evaluation staff to collect detailed information about local office implementation and practice. In a few instances, where personal site visits were not possible due to time and budget constraints, site reviews were conducted using telephone interviews.

Local agencies of VASAP were not selected for site review. Because CBP programs handle the majority of adult misdemeanants requiring screening and assessment, local ASAP agencies reported that they receive few DSAT-eligible offenders. Most drug offenders referred to local ASAPs are referred under §18.2-251 of the *Code of Virginia* rather than under the provisions of the DSAT legislation. For this reason, local sites were not included, although available information related to their involvement in this initiative is included where applicable.

Personal Interviews

Personal interviews were conducted with Interagency Workgroup members that provided information about the following:

- Activities occurring during the pilot phase;
- Role of members in developing screening and assessment policies, as well as confidentiality and informed consent protocols;

[3] Because of the small numbers of DSAT-referred offenders screened and assessed by DOC institutions (i.e., day reporting centers, boot camps, and therapeutic communities), these sites were not included in the sample.

- Coordination of statewide training activities;
- Development of the model Memorandum of Agreement and contractual relationships between treatment providers and criminal justice agencies;
- Structure and functioning of the Interagency Workgroup; and
- General impressions of DSAT implementation.

Interviews were also conducted with a representative from each of the participating agencies, including DJJ, DOC, DCJS, and VASAP. Each representative was asked to respond about the following key topics:

- Development of agency screening and assessment policies and operating procedures;
- Pilot site implementation;
- Coordination and provision of training to local offices on state and local policies, screening and assessment instruments, and federal confidentiality regulations;
- Collection of screening and assessment workload data and utility of this information;
- Referral processes for substance abuse assessment, education, and treatment services;
- Availability of funding for implementation; and
- General impressions of DSAT implementation.

In addition, personal or phone interviews with program administrators in each sample site provided information about:

- Development of local screening and assessment policies and operating procedures;
- Provision of training to local staff;
- Role of CSACs/SASs;
- Contractual relationships with substance abuse service providers in localities;
- Allocation of funding for drug screening, assessment, and treatment activities; and
- General impressions of DSAT implementation.

During the same site reviews, a total of nine probation and parole CSACs and nine CSU SASs provided information on the following topics to the evaluators:

- Staff training or instruction on policies and procedures, screening and assessment instruments, confidentiality regulations, and data collection/file maintenance;
- Local policies and operating procedures;
- Utility of the screening and assessment instruments;
- Process of reporting screening and assessment information to the court;
- Referral process for education and/or treatment services;
- Availability of substance abuse services in localities;
- Exchange of information between service providers; and
- General impression of DSAT implementation.

Phone Interviews

In addition to the personal interviews noted above, phone interviews were conducted with Commonwealth's attorneys and public defenders from the sample localities. Of the 162

Commonwealth's attorneys and 57 public defenders that were contacted, a total of 142 Commonwealth's attorneys and 34 public defenders agreed to participate in the interview process. The interview instruments for the Commonwealth's attorneys and public defenders were designed to assess:

- Awareness of the DSAT initiative;
- Types of training or instruction received on the DSAT initiative;
- Awareness of when offenders have been screened and/or assessed; and
- Use of the screening and assessment information in sentencing decision-making.

Representatives from 27 CSBs that provide services to the local criminal justice agencies participating in the evaluation were also contacted by phone. Of these, 22 agreed to participate in a phone interview with evaluation staff. The interview instrument for the CSBs was designed to collect the following types of information:

- Range of substance abuse services available to both juveniles and adults in specific localities;
- Requirements of contractual agreements between CSBs and local criminal justice offices;
- Process of exchanging information between CSBs and local offices; and
- Coordination and provision of substance abuse assessment, education, and treatment services with local offices.

Survey Data

Written surveys were administered to probation and pretrial officers in all sample offices. A total of 135 DJJ probation officers, 192 DOC probation and parole officers, 52 community-based probation officers, and 24 pretrial services officers were asked to complete the survey. Of these, 132 DJJ, 186 DOC, 47 community-based probation, and 24 pretrial services officers returned the survey to evaluation staff. In most localities, all probation officers participated. Probation officers were surveyed to examine:

- Local procedures for conducting screenings and assessments;
- Types of training or instruction received on policies and procedures, the screening and assessment instruments, and confidentiality protocols;
- Identification of what additional training might be needed;
- Utility of the selected screening and assessment instruments;
- Local procedures for reporting substance abuse screening assessment information to court;
- Local procedures for referring offenders for education and/or treatment services;
- Exchange of information between local programs and service providers; and
- General impressions of DSAT implementation.

Written surveys were also administered to circuit, general district, and J&DR court judges from judicial circuits and districts falling within the sample localities. Of the 160 judges who were asked to participate, a total of 84 judges returned surveys, including 37 circuit court judges, 33 general district court judges, and 14 J&DR court judges. Judges were surveyed to examine:

- Types of training or instruction received on the DSAT legislation and initiative;
- Court processes related to identifying mandated cases and subsequent referral to treatment;
- Utility of the screening and assessment information; and
- General impressions of DSAT implementation.

Document Review

Published Interagency Committee reports, along with supporting documentation related to the development of the DSAT legislation, were reviewed by evaluators to gather background information on the development of the screening and assessment legislation and to gain a better understanding of the process of implementing the legislation across the state.

Evaluators also collected a wide range of information from each sample locality, including:

- Local office screening and assessment policies and operating procedures;
- Informed consent forms;
- Examples of treatment progress reports from both private providers and local CSBs;
- Examples of treatment discharge summaries from both private providers and local CSBs;
- Memoranda of Agreement;
- Fee-for-Service Agreements;
- Names and addresses of substance abuse providers being utilized by each locality;
- Copies of social histories, PSIs, and assessment reports submitted to court; and
- Copies of court referrals used to request screening and assessment.

Review of Budget Information

Information from the Department of Accounts and the Supreme Court of Virginia was reviewed by evaluators to gain a better understanding of the process of collecting and allocating Drug Offender Assessment Fund revenue. Additionally, state budget documents were reviewed to document funding appropriated to each agency as part of the Substance Abuse Reduction Effort. Agency representatives were asked to document agency-specific allocations and utilization of these funds.

Review of Monthly Screening and Assessment Activity

To examine the impact of DSAT on staff workload, evaluators began construction of a data collection form in early 2001. Participating state agencies were asked to distribute the form to each local office, collect the information monthly, and forward a completed form to the evaluators. The form was designed to collect aggregate, rather than case-specific, monthly totals of DSAT cases in each of the following categories:

- Screenings ordered by the court or required based on offense classifications in the *Code of Virginia;*
- Screenings completed during the reporting month, which could include those that were ordered or required during the previous month;
- Screenings indicating an assessment was needed, based on the result of the screening as well as those based on other factors;

- Assessments completed during the reporting month;
- Assessments indicating a need for substance abuse education or treatment, based on the assessment result as well as those based on other factors; and
- Placements in substance abuse education or treatment during the reporting month, regardless of when the screening or assessment was completed.

Two different versions of the form were developed to collect information separately for juvenile and adult offenders. Precise definitions and instructions for each item were discussed at length with agency representatives and at several Interagency Workgroup meetings until a final version of the monthly reporting form was implemented in January 2002. Copies of the forms and instructions are included as Appendix C.

VI: Implementation of the DSAT Initiative: State-Level Activities

State-level implementation activities are those undertaken by the Interagency Workgroup, in collaboration with member agencies, to fulfill the mandates outlined in the 1999 legislation (see Figure 1). These activities were acknowledged through a combination of document reviews, personal interviews with Interagency Workgroup members and agency representatives, and both surveys and personal interviews completed with judges, Commonwealth's attorneys, public defenders, and local criminal justice program administrators and staff. The discussion that follows is based on responses from a combination of these sources.

Figure 1: State-Level Implementation Activities

- Development of Interagency Committee
- Establishment of the Drug Offender Assessment Fund
- Implementation of Pilot Phase
- Development of Agency Protocols
- Training on Standardized Screening and Assessment Instruments
- Informational Presentations for Judges, Commonwealth's Attorneys, Public Defenders, and Defense Attorneys
- Development of Confidentiality Protocols
- Development and Enhancement of a Model Memorandum of Agreement
- Development and Enhancement of a Model Qualified Services Agreement
- Implementation of an Evaluation Process

Development of the Interagency Drug Offender Screening and Assessment Committee

The Interagency Drug Offender Screening and Assessment Committee was created by the 1999 General Assembly to oversee the implementation and administration of this initiative. Chaired by the Secretary of Public Safety, the Interagency Committee is composed of the Directors of DJJ, DOC, DCJS, VASAP, and VCSC, as well as the Commissioner of DMHMRSAS. Under §2.2-223 of the *Code of Virginia*, the Interagency Committee is charged with the following tasks: 1) assisting and monitoring agencies implementing the drug screening, assessment, and treatment provisions of §§16.1-273, 18.2-251.01, 19.2-299, and 19.2-299.2; 2) ensuring quality and consistency in the screening and assessment process; 3) promoting interagency coordination and cooperation in the identification and treatment of drug abusing or drug dependent offenders; 4) implementing an evaluation process and conducting periodic program evaluations; and 5) making recommendations to the Governor and General Assembly regarding proposed expenditures of the Drug Offender Assessment Fund.

In an effort to fulfill these tasks and ensure oversight of the implementation and administration of this initiative, Interagency Committee members designated representatives from their respective agencies to serve on an Interagency Workgroup. Initially, the Workgroup was composed of eight members, including the Chief Deputy Secretary of Public Safety, serving as the designee of the Secretary of Public Safety; a representative from DOC, serving as the Workgroup Chairperson; as well as a core group of six individuals representing DJJ, DOC, DCJS, VASAP, VCSC, and DMHMRSAS. In January 2002, with the appointment of a new Secretary of Public Safety, the Workgroup membership changed slightly. Although the core membership of six agency representatives remained unchanged, the newly-appointed Chief Deputy Secretary of Public Safety replaced the DOC representative as the group's Chairperson, and a representative from the Governor's Office on Substance Abuse Prevention was named as an additional Workgroup member. Although the Interagency Workgroup initially met weekly to discuss plans for implementation and the on-going administration of the initiative, the group currently meets on a monthly basis.

Because evaluators wanted to obtain a historical perspective pertaining to implementation and related issues, interviews with Workgroup members were conducted with only the original eight Workgroup members, including the out-going Chief Deputy Secretary of Public Safety and former Workgroup Chairperson. Responses from Workgroup members, therefore, are relative primarily to the time period between January 1998 and January 2002, when the initiative was first being planned and implemented by the former Secretary of Public Safety's administration. In an effort to document current implementation and administrative issues, evaluators attend monthly meetings, observe participation, and continue to document Workgroup activities discussed in this forum.

Role and Functioning of the Interagency Workgroup

Through personal interviews with Interagency Workgroup members, evaluators gathered information about the perceived role and functioning of the Workgroup. Members were asked to describe the primary Workgroup goals when DSAT was initially implemented, future goals and objectives, and opinions about 1) effectiveness of communication among members, 2) collaboration among members, and 3) representativeness of the Interagency Committee.

Goals of the Workgroup

The primary goals of the Workgroup when DSAT was first implemented as noted by members included developing the following: 1) a standardized process for implementing the screening and assessment provisions; 2) a system for on-going monitoring of the screening and assessment process to ensure fidelity in implementation; and 3) a review process to identify problems as well as a mechanism for resolving them. Only half of Workgroup members felt these goals had been accomplished to their satisfaction while the remaining members felt that a substantial amount of work still needs to be done to accomplish these ends. Two members noted the need for Workgroup members to think less in terms of the interests of their respective agencies and more in terms of meeting the requirements of the legislation.

Workgroup members were also asked to describe the goals and objectives they would like to see accomplished in the future.

Their responses included:

- Improve the information that judges have available for sentencing;
- Improve cooperation among member agencies;
- Foster greater consistency across screening and assessment processes;
- Improve communication by sharing information electronically across agencies in order to reduce duplication;
- Continue cross-training and develop a team of trainers that could provide regional training and technical assistance;
- Increase focus on treatment rather than on screening and assessment;
- Document impact of funding losses and identify a mechanism for locating additional sources of funding; and
- Identify performance-based outcome measures.

Communication Among Workgroup Members

The primary method of communication among Interagency Workgroup members is through monthly meetings. Although all members noted these meetings have been very valuable, particularly in the early stages of implementation when decision-making was so critical, several members noted the meetings could be more productive. Suggestions for improving communication included:

- Begin meetings with a clear agenda that has been distributed beforehand, allowing members time to prepare discussion on particular topics, thereby limiting discussion of old business;
- Ensure regular attendance by the Secretary of Public Safety or his designated representative;
- Conduct meetings only when there is new business to attend to;
- Establish a formal review and approval process for agency revisions to the screening and assessment process;
- Ensure continuous participation of principle members by limiting inconsistent participation and turnover in Workgroup membership; and
- Develop an Action Plan for the coming year and ensure that all monthly meetings relate to the goals and objectives in the Action Plan.

The majority of Workgroup members also noted that communication among members between monthly meetings occurs on a regular basis and has been effective in terms of monitoring the implementation of the initiative across agencies.

Communication With Committee Members

Workgroup members formally brief Interagency Committee members on the status of DSAT implementation at presentations held annually. In addition to this forum, Workgroup members were asked to discuss other ways they communicate with the Committee member they represent. Three Workgroup members noted they meet with their respective Committee member on a monthly basis, typically right after monthly Workgroup meetings, to provide updates on the DSAT initiative; two noted occasional meetings, on an as-needed basis; and one Workgroup

member noted that, aside from the annual presentation, updates to his respective Committee member are never provided.

Collaboration and Decision-Making Among Workgroup Members

The majority of Workgroup members (6 of 8) agreed that collaboration among members has been very good, although several members noted that collaboration could be improved. Decision-making strategies were also discussed by Workgroup members and described as a combination of consensus of all members and unilateral decisions by the Secretary of Public Safety's office. Although most Workgroup members noted that the group did review agency's initial DSAT protocols, including operating policies and procedures, most indicated that there was no mechanism in place to formally approve these protocols. Additionally, members have noted that decisions regarding revisions to protocols are often made independently by agencies with no review or approval process in place at the Workgroup level. Suggestions for improving collaboration among members included team building training, more frequent informational presentations to the Committee members represented by Workgroup members, having principle Workgroup members attend scheduled meetings regularly, and the addition of new members who could provide new implementation strategies. Additionally, half of the Workgroup members noted that group collaboration and decision-making could be improved by having stronger, more authoritative leadership from the Secretary of Public Safety's office. Several members noted that strong leadership is critically important at this time, especially given the loss of SABRE funding.

Representativeness of the Interagency Committee

Interagency Workgroup members were also asked whether the Interagency Committee represents all agencies that should be involved in decision-making about the implementation process. With one exception, all members made suggestions for including other representatives on the Committee. Suggestions included adding the following individuals to the Workgroup:

- A member of the law enforcement community;
- A member of the judiciary or a representative from the Judicial Council;
- A Commonwealth's attorney or representative from the Commonwealth's Attorneys' Association;
- A Public Defender or a representative from the Public Defender Commission;
- A local Community Services Board representative;
- A local program administrator (e.g., CSU director or probation and parole district chief); and
- The Secretary of Health and Human Resources or her representative.

The latter suggestion was viewed as necessary by DMHMRSAS's representative given that this agency is not part of the Secretariat of Public Safety but rather is subsumed under the Secretariat of Health and Human Resources. Additionally, one Workgroup member suggested establishing an Advisory Group, composed of representatives from local offices, to serve in the capacity of advising the Interagency Committee on matters related to specific localities.

Observations by Evaluators

Since January 2002, when the new administration took office, evaluators attending monthly meetings have documented positive responses to at least several of the concerns mentioned by the Workgroup membership. For instance, since taking office, the Chief Deputy of Public Safety has been consistently attending and chairing Workgroup meetings and has taken an active role in overseeing the administrative process; agendas are consistently distributed prior to monthly meetings and serve as a guide for meeting discussions; and a representative from the Governor's Office on Substance Abuse has been added as a new Workgroup member. Several of the Workgroup's concerns, however, including irregular or non-participation by principle Workgroup members and the lack of a formal decision-making and approval process within the Workgroup related to procedural revisions, remain unaddressed.

Establishment of the Drug Offender Assessment Fund

The 1999 General Assembly established a funding mechanism for the screening and assessment process in §18.2-251.02 of the *Code of Virginia.* The Drug Offender Assessment Fund (DOAF) consists of monies received from fees imposed on certain drug offense convictions. Offenders with felony drug convictions are assessed a fee of $150 and offenders with misdemeanor drug convictions are assessed a fee of $75. The *Code of Virginia* mandates that all DOAF monies be subject to annual appropriation by the General Assembly to DJJ, DOC, and VASAP for implementing and operating the DSAT initiative.

The drug offender fees are collected by the clerks of circuit courts and deposited with the Virginia Department of Accounts on a weekly basis. Payment of these fees is due at time of conviction and penalties for late payment are applied as in any other type of court-ordered restitution. Although there is currently no mechanism to determine collection rates on only these funds, the Supreme Court of Virginia estimates a 75-80% collection rate. Table 3 indicates the amount of revenue collected in this fund across court types between Fiscal Year (FY) 1999 and FY 2002.

Table 3: Drug Offender Assessment Fund Collections[4]

Fiscal Year	Circuit Court	Combined District Courts	General District Court	J&DR Court	FY Total
FY 1999	$182,318.87	$52,141.37	$271,839.07	$526.92	$506,826.23
FY 2000	421,665.12	83,612.88	454,772.71	84.75	960,135.46
FY 2001	542,678.46	85,631.26	521,669.02	4.13	1,149,982.87
FY 2002	628,387.86	83,998.11	537,966.03	166.79	1,250,518.79
Total by Court	$1,775,050.31	$305,383.62	$1,786,246.83	$782.59	$3,867,463.35

Source: Supreme Court of Virginia

[4] Amounts shown do not reflect the accrued interest as follows: FY 1999-$9,938.84; FY 2000-$47,441.68; FY 2001-$100,633.28; FY 2002-$83,254.81. Total interest accrued between FY 1999 and FY 2002 is $241,268.61.

Although collection of these assessments became effective July 1, 1998, funds were not available for disbursement until FY 2000. Table 4 shows the amount appropriated to DJJ and DOC since that time. Although the Commission on VASAP was named in the legislation as a recipient of fund dollars, it has not accepted revenue from this fund.

Table 4: Drug Offender Assessment Fund Appropriations

	FY 2000	FY 2001	FY 2002	FY 2003	FY Total
DJJ	$100,000	$312,767	$300,000	$500,000	$1,212,767
DOC	200,000	600,000	600,000	1,006,881	2,406,881
Total	$300,000	$912,767	$900,000	$1,506,881	$3,619,648

Source: Appropriations Act

Although DOC's appropriation from this fund totaled $600,000 in both FY 2001 and FY 2002, the agency utilized only $431,264 and $426,959 during each respective fiscal year. In FY 2002, DOC reportedly used these funds to support six full-time CSAC positions and part-time staff to conduct high volume machine drug testing. The FY 2003 funds will be utilized to support 14 full-time CSAC positions, with any remaining funds used to support drug testing in local probation and parole districts. DJJ also received substantial funds from this source, having been appropriated approximately $1.2 million to date.[5] In FY 2001 and FY 2002, DJJ used $303,333 of the $312,767 and $299,755.38 of the $300,000 appropriated from the DOAF. These funds were used primarily to train staff on administration of the screening and assessment instruments, and offset the cost of the screening and assessment instruments. The FY 2003 funds will continue to be used to offset these costs. Although DCJS is not currently named as a fund recipient, the Virginia Community Criminal Justice Association (VCCJA) is proposing an amendment to §18.2-251.02 in the 2003 legislative session to include DCJS as a fund recipient.

Implementation of Pilot Phase

To determine the most feasible approach for implementing the screening and assessment initiative on a statewide basis, the General Assembly authorized a six-month period (July through December 1999) to pilot test implementation of the screening and assessment provisions as outlined in the legislation. Pilot sites for the participating agencies are shown in Table 5.

[5] Although drug offender assessment fees are not typically collected from juveniles processed in J&DR court, DJJ receives money from the DOAF. As established in §§16.1-69.48 and 17.1-275 of the *Code of Virginia*, drug offender assessment fees are normally assessed only to misdemeanants and felons processed in the general district and circuit courts.

Table 5: Screening and Assessment Pilot Sites

DOC	DJJ	PTS	CBP	VASAP
Alexandria	Alexandria	Leesburg	Alexandria	Alexandria
Leesburg	Charlottesville	Roanoke	Chesterfield	Chesterfield
Lynchburg	Lynchburg		Fairfax	Danville
Norfolk	Petersburg		Farmville	Fairfax
Petersburg	Salem		Halifax/ Pittsylvania	Farmville
Portsmouth	Staunton		Prince William	Halifax
Radford	Williamsburg		Roanoke	Prince William
Roanoke			Virginia Beach	Roanoke
Virginia Beach				Virginia Beach

The pilot sites chosen represented a combination of large and small, rural and urban, and multi- and single-jurisdiction offices. To ensure that all personnel could be sufficiently trained, the pilot phase was divided into two components. Approximately half of the pilot sites initiated the screening and assessment process on July 1, 1999, while most of the remaining sites began this process in early October.

Goals of Pilot Phase

The primary goals of the pilot phase as described by Interagency Workgroup members included: 1) identification of the most effective means of implementing the initiative statewide; 2) development and refinement of the screening and assessment procedures to be used statewide; 3) increasing awareness of the initiative; and 4) training those individuals who would be directly involved in implementation, such as judges, attorneys, and probation staff. The majority (7 of 8) of Workgroup members agreed that the goals of the pilot phase were accomplished.

Concerns Addressed During Pilot Phase

Workgroup members were asked to describe specific concerns that were addressed during the pilot phase. Their responses included:

- Confidentiality of screening, assessment, and treatment information;
- Balancing probation officer responsibilities to conduct screenings and/or assessments with maintaining a regular caseload;
- Training issues, including identification of training needs;

- Treatment availability and agency liability for identifying offenders as needing treatment but not being able to place into treatment;
- Collaboration between agencies; and
- Duplication of screening and assessment activities across agencies.

Although these issues were reportedly addressed, at least in part, several Workgroup members noted several issues that were not adequately addressed during the pilot phase. These included:

- Statutory language that was unclear about who was actually required to be screened;
- Inadequate time to implement the screening and assessment process in those pilot sites beginning implementation in October;
- Lack of data from the pilot phase for evaluation purposes prior to statewide implementation;
- Inadequate training for staff responsible for administering the screening and assessment instruments;
- Inadequate training for members of the judiciary;
- Inadequate training for CBP and PTS staff who had to rely on training sponsored by other agencies; and
- Confusion in local offices as to which offenders were supposed to go to CBP and which were to be placed at VASAP, ultimately leading to competition and deterioration of the relationship between CBP/PTS and VASAP.

Lessons Learned from Implementation at Pilot Sites

Both agency representatives and Workgroup members were asked to describe the "lessons learned" from implementation during the pilot phase. Representatives from each agency responded as follows:

DJJ - The pilot phase helped identify those CSUs that would generate high numbers of screening and assessment cases so that SASs in those CSUs could receive additional assistance with duties, type of equipment that would be needed to implement the initiative statewide, and types of training staff would need on the screening and assessment instruments and revised database.

DOC – The pilot phase confirmed that screening all felons would be the most effective approach.

DCJS – The pilot phase demonstrated that judges were not aware of the statutory requirements to order screenings and/or assessments in CBP/PTS offices and were in need of additional training.

VASAP – The pilot phase demonstrated that smaller offices would adapt better than larger ones, which would likely need additional staff to handle the extra workload associated with administering the SSI and ASI.

Workgroup members also noted the following general "lessons learned," including the need to: 1) be flexible in how the initiative would be implemented by different agencies; 2) build

relationships between treatment staff and criminal justice staff; 3) educate members of the judiciary; 4) identify additional sources of funding; and 5) collect outcomes data.

Development of Agency Protocols

Beginning in 1999 and throughout the pilot phase, the Interagency Workgroup collaborated with member agencies as they developed agency-specific protocols, including policies and procedures, related to the screening and assessment process. Draft protocols were reportedly reviewed by Workgroup members to ensure that 1) policies and procedures were in compliance with the *Code of Virginia*, 2) appropriate mechanisms were in place for the actual administration of the screening and assessment instruments, and 3) appropriate mechanisms were in place for revising the protocols on an as-needed basis and disseminating this information to local offices. Although Interagency Workgroup members felt it was essential to have policies and procedures across member agencies that were as consistent as possible, this was not always possible within the framework of the distinct legislative mandates. This review process, therefore, although more informal than formal, reportedly helped to ensure some measure of consistency across member agencies yet afforded flexibility in drafting policies that were best suited to meet each agency's unique needs.

Implementation Staff

During the 1999 session, the General Assembly authorized funding for expanded staff capacity in order to implement screening and assessment processes in probation and parole districts and CSUs, but not in CBP/PTS programs. As envisioned, the funding supported a substance abuse screening, assessment, testing, and treatment system whose principle participants included existing probation officers and newly-created specialized positions, including CSACs/SASs and regional clinical supervisors (RCSs). The role of the CSAC/SAS and RCS positions was to provide a measure of oversight or quality assurance in the screening and assessment process at the local and regional level, respectively.

Since the DSAT initiative became operational, DJJ has filled 35 SAS positions and three RCS positions. Each CSU was initially assigned one SAS position to provide the necessary expertise for assessing substance abuse or dependence and level of treatment need. Although all CSUs received a SAS, nearly half (4 of 9) of directors in the sample reported that one SAS was not sufficient to handle the workload generated by the initiative. As a response to high volume or large geographical areas encompassed by their CSU, these directors have resorted to sharing SASs between CSUs and allowing probation officers with CSAC credentials, or working toward certification, to also conduct assessments.

The DOC initially filled 31 CSAC positions and 3 of 4 RCS positions. Although most districts were allocated one CSAC position, not all districts received a specialized position. Within the sample of 12 districts, for instance, a total of three did not receive a CSAC and a fourth district currently shares a CSAC with another district. Additionally, several districts were allocated more than one CSAC. Half (6 of 12) of the district chiefs expressed concern with this disparity and noted that the number of CSACs assigned to their district was not sufficient. Chiefs in these districts have resolved this issue by conducting assessments themselves and by having probation officers and PSI writers conduct their own assessments. Other positions filled by DOC to

support this initiative included: 12 additional positions to provide supervision and support services for drug offenders; eight peer group support/relapse prevention specialists; one contract manager to oversee Memoranda of Agreements, private provider contracts, and grants; and hourly wage employees to conduct large-scale drug testing.

Role of the CSAC/SAS

The role of the CSAC/SAS has not been consistently defined across the state, but rather, differs across probation and parole districts and CSUs. During interviews with evaluation staff, CSACs/SASs from nine probation and parole districts and nine CSUs described their primary responsibilities. Table 6 summarizes their responses.

Table 6: Primary CSAC/SAS Responsibilities

Responsibility	DJJ	DOC
Coordinate screening appointments and assignments	22%	67%
Conduct screenings	89%	78%
Coordinate assessment appointments and assignments	44%	78%
Conduct assessments	100%	89%
Conduct in-house groups	67%	44%
Collect and maintain identifying information on offenders	100%	67%
Collect and maintain screening and assessment results	100%	78%
Data entry of screening results	100%	78%
Data entry of assessment results	100%	78%
Clinical supervision	33%	78%
Manage a caseload	89%	89%
Other	33%	100%

The most consistent responsibilities among DOC CSACs included conducting assessments and managing a supervision caseload. Among DJJ SASs, all reported conducting assessments, collecting and maintaining screening and assessment information and results, and data entry of screening and assessment results, while the majority also reported conducting screenings and managing a supervision caseload. Other responsibilities reported by DJJ SASs included conducting training for staff on substance abuse issues, processing invoices and purchase orders for treatment services, and supervising first offender drug cases. Of the DOC CSACs reporting other responsibilities:

- 4 of 9 reported a general oversight function including quality control of the process and assurance that the screening and assessment instruments were being used correctly;
- 4 of 9 reported coordinating and conducting in-house training for probation staff; and
- 2 of 9 reported being responsible for coordinating services with treatment providers.

Of those reporting management of a supervision caseload, the majority of DJJ SASs and all DOC CSACs noted having reduced caseloads. The number of cases supervised ranged from 2 to 12 for DJJ SASs, although some reported monitoring diversion cases as well, and from 10 to 55 for DOC CSACs.
Because DCJS did not receive general fund appropriations to hire specialized staff as DJJ and DOC did, it was not able to establish a statewide system of certified counselors or regional clinical supervisors. At least one CBP program, however, has established a CSAC position using funding from alternative sources. In other offices, probation officers typically perform the duties associated with a CSAC.

Training on Standardized Screening and Assessment Instruments

During 1999 and 2000, the Interagency Workgroup and member agencies organized and facilitated training seminars on the use of the screening and assessment instruments. Some local offices also facilitated informal training for their staff through written and in-service instruction. More specifically, DJJ arranged for probation officers to receive instruction on the SASSI and CAFAS. Although the APSI was a required assessment tool within DJJ, training was not mandatory for this group, as the instrument was to be used primarily by the CSACs/SASs, to guide the assessment interview. Additionally, DOC's probation and parole officers and CBP/PTS program staff were to receive instruction on the SSI and ASI. While DOC and DJJ utilized their own certified trainers, some CBP/PTS programs relied in part on training services provided by DOC certified trainers and workshops co-sponsored by VASAP.

The following sections present information about the types of instruction provided and the staff members who received instruction. To assess how training resources were allocated, data were analyzed to determine whether or not training efforts were focused on those staff members typically responsible for screening and assessment tasks.

Training Received by all Probation and Pretrial Services Staff

Table 7 demonstrates the percentage of the total probation and pretrial staff surveyed who reported receiving some form of instruction on the screening and assessment instruments.

Table 7: Percent of Surveyed Probation and Pretrial Officers Receiving Instruction on the Screening and Assessment Instruments

	DJJ	DOC	CBP/PTS
Administering and scoring the SASSI	59%	--	--
Administering and scoring the APSI	13%	--	--
Rating offenders using the CAFAS	69%	--	--
Administering and scoring the SSI Interview form	--	88%	94%
Administering and scoring the SSI Self-report form	--	91%	65%
Administering and scoring the ASI	--	90%	58%

As Table 7 indicates, the majority of all probation and pretrial staff within the sample received instruction on the approved screening and assessment instruments. Specifically, almost all DOC staff surveyed reported receiving instruction on both versions of the SSI as well as the ASI. Additionally, the overwhelming majority of CBP/PTS staff received instruction on the SSI Interview form; a smaller percentage received instruction on the SSI Self-report form and the ASI. A majority of DJJ probation officers reported receiving instruction on the SASSI and CAFAS, although very few staff received instruction on the APSI. As previously indicated, DJJ did not require probation officers to receive instruction on this instrument.

To get a sense of the training provided generally, respondents were asked to describe the types of instruction received on administering and scoring the screening and assessment instruments. Training categories were presented as follows, and respondents were able to select as many types as applicable:

- Agency-sponsored formal training or workshop;
- Non-agency-sponsored formal training or workshop;
- Written instruction;
- Staff meetings or in-service; and
- Other instruction.

For analysis, training categories were collapsed into formal training (agency-sponsored and non-agency-sponsored workshops) and informal training (written instruction, staff meetings, and in-service training). The category "Other Instruction" was not collapsed into either formal or informal instruction, as many respondents who selected this category did not provide the requested description of the instruction. Therefore, evaluators were unable to determine if such instruction would qualify as "formal" or "informal."

Training Received by Probation Staff Typically Responsible for Screening and Assessment

Responses to training questions were further examined based on whether a probation or pretrial officer reported being typically responsible for screening and assessment tasks. Table 8 illustrates the types of training received by DJJ staff typically responsible for these duties, while Table 9 outlines this information for DOC and CBP/PTS.

Table 8: Types of Instruction Received by DJJ Probation Officers Typically Responsible for Screening and Assessment Tasks*

	Formal Instruction	Informal Instruction	No Instruction Received
Administering and scoring the SASSI	33%	53%	12%
Administering and scoring the APSI	80%	20%	0
Rating offenders using the CAFAS	76%	18%	6%

*Numbers may not total 100%, as respondents could select multiple categories.

Table 8 indicates that the majority of juvenile probation officers typically responsible for screening and assessment received instruction on the instruments. However, a small number of staff reportedly received no instruction on the SASSI (12%) or the CAFAS (6%), despite being typically responsible for administering these instruments. This table also demonstrates that DJJ relied on formal instruction for the assessment instruments to a greater extent than instruction for the SASSI.

Table 9: Types of Instruction Received by DOC and CBP/PTS Staff Typically Responsible for Screening and Assessment Tasks*

	Formal Instruction		Informal Instruction		No Instruction Received	
	DOC	**CBP/PTS**	**DOC**	**CBP/PTS**	**DOC**	**CBP/PTS**
Administering and scoring the SSI Interview form	64%	62%	27%	46%	19%	8%
Administering and scoring the SSI Self-report form	60%	42%	23%	14%	20%	44%
Administering and scoring the ASI	69%	83%	22%	0%	18%	17%

*Numbers may not total 100%, as respondents could select multiple categories.

Table 9 indicates that DOC and CBP/PTS programs relied primarily on formal instruction for the screening and assessment instruments, and that a majority of those typically responsible for screening and assessment tasks received instruction. However, nearly 20% of DOC probation and parole officers typically responsible for screening and assessment reportedly received no instruction on the instruments. Additionally, 8% of local CBP/PTS officers responsible for screening and assessment tasks reported no instruction on the SSI Interview form; 17% reported no instruction on the ASI.

It is important to note that a sizeable portion (44%) of local CBP/PTS officers reported no instruction on the SSI Self-report form. According to DCJS' representative, SSI training for this group was co-sponsored by VASAP and DCJS, and focused on the interview form only. Although some local CBP/PTS officers may have received limited instruction on the self-report form, that version of the SSI was never approved for use in DCJS' protocol. Therefore, training on this version of the SSI was not a priority.

As part of the certification process, instruction for CSACs/SASs was typically more specialized than that received by probation and pretrial officers. Across all agencies, all CSACs/SASs reported receiving at least one type of instruction on the screening and assessment instruments. The majority received multiple types of instruction, including instruction received through the certification process.

Sufficiency of Instruction on Screening and Assessment Instruments

All probation and pretrial officers who reported being typically responsible for screening and assessment tasks were asked to describe how sufficient this instruction was in terms of allowing them to administer and score the instruments. As Table 10 indicates, the majority of probation

staff reported the instruction to be "moderately to very" sufficient. Only 55% of DJJ staff, however, reported training on the CAFAS to be sufficient.

Table 10: Percent of Probation Staff Typically Responsible for Screening and Assessment who Reported Instruction as Sufficient

	DJJ	DOC	CBP/PTS
SASSI	92%	--	--
APSI	91%	--	--
CAFAS	55%	--	--
SSI Interview Form	--	91%	93%
SSI Self-Report Form	--	93%	77%
ASI	--	91%	80%

Additionally, all CSACs/SASs were asked to rate the sufficiency of instruction they received on the instruments. Similar to the probation and pretrial staff responses, the majority of all CSACs/SASs indicated the instruction on screening and assessment instruments was "moderately to very" sufficient. Local program directors were also asked whether they felt the training their staff received on screening and assessment instruments was sufficient. Of those responding to the question, all DJJ and DOC directors and 94% of CBP/PTS program directors indicated that the instruction on screening and assessment instruments was "moderately to very" sufficient for their staff.

Training Received by Probation Staff Not Typically Responsible for Screening and Assessment

While a majority of those typically responsible for conducting screenings and assessments received instruction on the instruments, all three agencies provided training to a significant number of staff members not typically responsible for these duties. Table 11 illustrates the percentage of DJJ probation officers who reported receiving instruction but who are not typically responsible for conducting screenings or assessments; Table 12 presents this information for DOC and CBP/PTS.

Table 11: Percent of DJJ Probation Staff who Received Instruction Although Not Typically Responsible for Screening and Assessment Tasks*

	Received Formal Instruction	Received Informal Instruction
Administering and scoring the SASSI	39%	32%
Administering and scoring the APSI	20%	83%
Rating offenders using the CAFAS	50%	50%

*Numbers may not total 100%, as respondents could select multiple categories.

As indicated in Table 11, a large portion of probation officers who participated in formal training seminars or workshops on the SASSI and CAFAS were not typically responsible for administering these instruments. Additionally, although training on the APSI was not required for juvenile probation officers, 20% of those who received formal instruction were not responsible for this task. Also, a large portion of DJJ staff who received informal instruction, either through staff meetings, in-services, or written materials, reported they were not responsible for screening and assessment.

Table 12: Percent of DOC and CBP/PTS Staff who Received Instruction Although Not Typically Responsible for Screening and Assessment Tasks*

	Received Formal Instruction		Received Informal Instruction	
	DOC	**CBP/PTS**	**DOC**	**CBP/PTS**
Administering and scoring the SSI Interview form	27%	21%	19%	38%
Administering and scoring the SSI Self-report form	22%	22%	20%	67%
Administering and scoring the ASI	46%	87%	50%	100%

*Numbers may not total 100%, as respondents could select multiple categories.

Table 12 illustrates some overtraining of DOC and CBP/PTS officers as well. At least 20% of those staff members who reported receiving formal instruction on the screening tools were not typically responsible for conducting screenings. More substantial, however, is the percentage of staff that participated in formal training seminars or workshops on the ASI that were not responsible for assessments. Almost half of DOC probation and parole officers, and an overwhelming majority of CBP/PTS officers who received formal instruction on this instrument reported they were not typically responsible for its administration. Additionally, a large portion of CBP/PTS staff who received informal instruction were not typically responsible for screening and assessment tasks, and although the percentages are less for DOC staff, there was some overtraining with this group as well.

Utility of the Screening and Assessment Instruments

Probation staff and CSACs/SASs were asked to respond to a series of questions designed to elicit opinions about using the screening and assessment instruments and utility of the information obtained from their use. Only those responses from probation staff typically responsible for administration of the instruments were included for analysis. Table 13 illustrates the percentage of DJJ probation officers and SASs agreeing with each statement about the SASSI, APSI, and CAFAS.

Table 13: Utility of the SASSI, APSI, and CAFAS

	SASSI	APSI	CAFAS
Easy to administer	94%	93%	83%
Easy to score	73%	92%	89%
Culturally sensitive	63%	79%	68%
Easily adapted to juveniles' different reading levels	31%	--	--
Provides useful information about substance-involved offenders	87%	--	--
Provides useful information about the level of seriousness of a substance dependence disorder	--	46%	51%
Provides useful information for guiding appropriate education/treatment placements	--	29%	46%
Provides information not available prior to DSAT	78%	44%	54%

Although the majority of DJJ probation officers and SASs indicated that all three instruments are easy to administer, easy to score, and culturally sensitive, most felt the SASSI was not easily adapted to juveniles' different reading levels. The majority agreed the SASSI provides information that is useful and was not available prior to DSAT implementation. In contrast, most probation officers and SASs did not view the assessment instruments as favorably. Only about half agreed the CAFAS and APSI provide information that is useful for identifying the level of seriousness of a substance abuse disorder, and fewer still agreed that those instruments are useful for guiding treatment placements. Less than half of those respondents typically responsible for assessments agreed that the APSI provides information that was not available to them prior to implementation of the DSAT initiative, while a majority (54%) felt the CAFAS provides new information on substance-involved offenders. Table 14 shows the percent of DOC and CBP/PTS officers and CSACs indicating agreement with statements about the SSI and ASI.

Table 14: Utility of the SSI and ASI

	SSI		ASI	
	DOC	CBP/PTS	DOC	CBP/PTS
Easy to administer	91%	100%	44%	44%
Easy to score	92%	100%	40%	31%
Culturally sensitive	73%	55%	65%	75%
Easily adapted to offenders' reading levels	81%	71%	--	--
Easily adapted to offenders' different comprehension levels	73%	72%	--	--
Provides useful information about substance-involved offenders	55%	60%	--	--
Provides useful information about the level of seriousness of a substance abuse disorder	--	--	49%	69%
Provides useful information for guiding appropriate education/treatment placements	--	--	42%	63%
Provides information about substance-involved offenders that was not available prior to DSAT	41%	58%	31%	56%

The majority of DOC and CBP/PTS officers indicated that the SSI is easy to administer, easy to score, culturally sensitive, and easily adapted to offenders' different reading and comprehension levels. In terms of utility, the majority of probation staff agreed the SSI provides information that is useful. While the majority of CBP/PTS officers agreed the SSI provides information not available prior to DSAT, only 41% of DOC probation staff agreed with this statement. Opinions of DOC CSACs about the SSI were generally consistent with those from probation and pretrial officers, although in some instances, the SSI was perceived more favorably. Notable differences included:

- More CSACs than DOC probation officers agreed that the SSI provides useful information about substance-involved offenders (86% vs. 55%);

- More CSACs than DOC probation officers agreed that the SSI provides information about substance-involved offenders that was not available prior to DSAT (71% vs. 41%).

In contrast to the SSI, less than half of DOC and CBP/PTS officers indicated the ASI was easy to administer and score. The majority, however, felt the ASI was culturally sensitive. In terms of the utility of the information obtained from the ASI, the majority of CBP/PTS staff agreed the ASI provides useful information, although the majority of DOC probation and parole officers did not. DOC CSACs, on the other hand, were generally positive about the ASI, with the majority agreeing that the ASI is easy to score and administer, culturally sensitive, and provides information that is useful for guiding treatment placements.

Training on Data Collection and File Maintenance

With the development of the Monthly Screening and Assessment Activity Report, local offices were required to collect information regarding the numbers of offenders impacted by the DSAT initiative. Additionally, agency protocols included specifics for maintaining screening and assessment reports and testing materials in confidential files. Interviews with program directors revealed that for the most part, training on data collection and file maintenance was included in formal instruction on the screening and assessment instruments, as part of database instruction during Basic Skills Training, and also addressed during staff meetings as implementation of the initiative progressed. All CSACs/SASs, probation, and pretrial officers in the sample were asked if they received instruction on these components and to rate how sufficient this instruction was. Table 15 illustrates the percentage of staff who received this instruction and those rating the instruction as "moderately to very" sufficient.

Table 15: Instruction on Data Collection and File Maintenance

	DJJ	DOC	CBP/PTS
Percentage of Staff Receiving Instruction	48%	17%	22%
Percentage of Staff Rating Instruction as "Moderately to Very" Sufficient	94%	90%	89%

Table 15 indicates that less than half of DJJ probation officers, less than 20% of DOC probation and parole officers, and 22% CBP/PTS officers reported receiving instruction on data collection and file maintenance for screening and assessment cases. Although not all staff members received instruction on these components, the overwhelming majority of those who did reported that it was "moderately to very" sufficient in terms of preparing them to implement the DSAT initiative. Additionally, the majority of program directors (100% of DJJ, 75% of DOC, and 82% of CBP/PTS) reported that the instruction provided to their staff on these components was sufficient.

Informational Presentations for Judges, Commonwealth's Attorneys, Public Defenders, and Defense Attorneys

The Interagency Workgroup organized and facilitated numerous informational presentations throughout 1999 and 2000 for members of the judiciary, Commonwealth's attorneys, and defense attorneys, including both public defenders and private attorneys. These informational presentations included an overview of the screening and assessment instruments, the information made available for judges to consider in making sentencing decisions, and the activities and resources required to implement the legislation.

Training for Members of the Judiciary

Members from the circuit, general district, and J&DR courts received training on the DSAT legislation and related policies and procedures in late 1999 and early 2000. The Interagency Workgroup, in conjunction with representatives from DOC, presented information on the DSAT legislation at the circuit court judicial conference in May 2000 as well as at annual regional

meetings of that year. Additional meetings between DOC Community Corrections staff and circuit court judges were held throughout the state on a regional and circuit basis. In addition to these trainings, DOC developed an informational packet that was mailed to all circuit court judges in November 1999. The packet included a detailed overview of the Department's drug screening, assessment, and treatment policies and procedures, action plans, copies of affected legislation, and model DSAT court order language developed by DOC. Because training was viewed as especially important for general district court judges who were required to order screenings and assessments, presentations conducted by VASAP and DCJS personnel during three statewide judicial conferences were geared specifically to them. In addition, local ASAP program staff provided specific information to general district court judges in each judicial district regarding the screening and assessment instruments and their administration.

J&DR court judges received training on the DSAT legislation during their annual training conference in 1999. Additionally, CSU directors, SASs, and their supervisors were responsible for providing information pertaining to the legislative mandate, implementation procedures, and specific details on the screening and assessment instruments to the judiciary in their respective districts. The substance abuse program staff at DJJ's central office provided additional technical assistance and education to judges as requested.

In an effort to assess how many judges received training on the DSAT legislation, judges were surveyed about what type of training or instruction they received. As Table 16 indicates, a number of judges, particularly J&DR court judges, reported receiving no instruction on the initiative. Of the judges who received instruction, the majority of circuit court judges (84%), general district court judges (70%), and J&DR court judges (64%) reported receiving instruction at a mandatory annual or voluntary conference. Nearly one-quarter of circuit and general district court judges reported receiving instruction through a written notice. As noted in the table, a number of judges received "other" types of instruction as well.

Table 16: Types of Training Received by Members of the Judiciary*

	Circuit Court	General District Court	J&DR Court
No Instruction	16%	21%	36%
Mandatory Annual Judicial Conference	62%	52%	50%
Voluntary Conference	22%	18%	14%
Pre-Bench Orientation	16%	6%	7%
In-Service Training	8%	9%	0%
Staff Meeting	3%	15%	7%
Written Notice	24%	24%	7%
Other	11%	12%	14%

*Numbers may not total 100%, as respondents could select multiple categories.

Sufficiency of Instruction
Judges were also asked to rate how sufficient the overall DSAT-related training was in terms of being able to implement the initiative in their courts. Of the judges who indicated they had received instruction, more than 85% of circuit court judges, 79% of general district court judges, and 90% of J&DR judges rated the instruction as "moderately to very" sufficient. Judges were also asked to list suggestions for improving the training process. The suggestions most commonly reported by judges in all courts include:

- Formal training for those members of the judiciary who have not received it, including background information, how to implement the initiative, and what to do when a substance abuse problem is indicated; and

- Formal training on a regular basis for those members of the judiciary who received some preliminary training on DSAT either during the pilot phase or early stages of statewide implementation, but have received no instruction since that time.

Training for Commonwealth's Attorneys and Defense Attorneys
Training opportunities for attorneys were somewhat more limited than opportunities for judges. The Interagency Workgroup briefed Commonwealth's attorneys by providing informational materials during the Commonwealth's Attorneys' Association meeting in August 1999. Defense attorneys received a presentation during the Public Defenders' Commission meeting and the Virginia State Bar Association annual meeting, both held in June 1999.

Evaluators surveyed attorneys to assess awareness of the DSAT initiative and training experiences. The majority of Commonwealth's attorneys (84%) and public defenders (79%) reported being aware of the DSAT initiative. Attorneys stating that they were aware of the DSAT initiative were also asked if they had received any information or training about the initiative. Of those who were aware of DSAT, only 34% of Commonwealth's attorneys and 23% of public defenders reported receiving information or training about the initiative. The most commonly reported sources of information included local probation staff, memoranda or other written material, and meetings or conferences.

Development of Confidentiality Protocols

The Interagency Workgroup recognized that information exchange between treatment programs and criminal justice agencies was essential for integration of substance abuse treatment and case processing to be effective. Federal confidentiality guidelines (42 U.S.C. §§290dd-3 and ee-3 and 42 CFR Part 2) mandate the confidentiality of any documentation containing screening, assessment, referral, or treatment information for patients with alcohol or drug problems. These guidelines apply to all programs that receive direct or indirect federal assistance. Specific provisions in the federal regulations provide for the exchange of information between treatment programs and the criminal justice system.

To address compliance with the federal guidelines, the Workgroup, in collaboration with DMHMRSAS, developed a protocol outlining specific procedures for exchange of information. The Workgroup also developed a one-page consent form that provides authorization for the

exchange of certain types of information, as well as a guidance protocol for management of confidential records. Copies of these forms and accompanying protocols are attached as Appendix D.

Training on Confidentiality Regulations

Early in the implementation process, Workgroup members and agency representatives identified the following concerns related to confidentiality: 1) uncertainty about when the federal regulations were applicable; 2) the need to ensure consistency across all agencies in terms of maintaining the confidentiality of the screening, assessment, and treatment information; and 3) the need to assist probation staff with the transition of collecting and maintaining this type of information.

To address these concerns, DMHMRSAS, in conjunction with the Center for Substance Abuse Treatment, sponsored two confidentiality workshops conducted by the Legal Action Center, a nationally-recognized organization specializing in confidentiality issues. These workshops focused specifically on issues related to criminal justice referrals and the new roles of criminal justice system personnel in the screening and assessment process. The events, held in November 2000, allocated training slots to CSBs, CBP/PTS programs, DJJ CSUs, DOC probation and parole districts, and local ASAPs. Collectively, 188 personnel, primarily supervisors, attended these training events. Table 17 specifies the number of personnel from each agency who attended this training.

Table 17: Number Attending Confidentiality Training

Agency	Number Attending
Department of Corrections Probation and Parole Districts	51
Local Community-Based Probation and Pretrial Services Programs	44
Department of Juvenile Justice Court Services Units	40
Community Services Boards	30
Local Alcohol Safety Action Programs	23

In addition to the confidentiality workshops organized by the Interagency Workgroup, agencies also addressed issues surrounding confidentiality by providing formal and informal instruction to program staff. Evaluators asked administrators to describe the types of instruction provided to probation staff on confidentiality regulations. Instruction obtained through agency-sponsored training, as part of SSI/ASI training, informally at staff meetings, and through written instruction were the most commonly reported training types.

To ascertain how many probation and pretrial officers received each type of instruction on confidentiality issues, program staff were asked to describe the type of training received and to rate the sufficiency of this instruction. Table 18 summarizes their responses.

Table 18: Percent of Probation and Pretrial Officers Reporting Types of Instruction on Federal Confidentiality Regulations*

	DJJ	DOC	CBP	PTS
No instruction	28%	11%	6%	8%
Own agency-sponsored formal training or workshop	14%	60%	34%	42%
Other agency-sponsored formal training or workshop	4%	7%	11%	21%
Written instruction	10%	19%	23%	25%
Staff meeting or in-service	51%	31%	51%	50%

*Numbers may not total 100%, as respondents could select multiple categories.

As noted, slightly more than one-fourth of DJJ staff reported receiving no instruction on federal confidentiality regulations. The majority (60%) of DOC probation and parole officers reported receiving formal DOC-sponsored training on confidentiality, while the majority of DJJ and CBP/PTS officers reported receiving confidentiality instruction through more informal mechanisms (staff meeting or in-service). All CSACs/SASs from all agencies reported receiving instruction of some type, with the majority from both DOC and DJJ receiving agency-sponsored formal instruction. Other forms of instruction included written instruction and in-service training at staff meetings.

Sufficiency of Confidentiality Instruction

Probation officers, CSACs/SASs, and local administrators were asked to rate the sufficiency of the confidentiality instruction. Table 19 shows the percentage of those receiving training who reported that the instruction was "moderately to very" sufficient.

Table 19: Percent Rating Confidentiality Instruction as Sufficient

Agency	Probation Officers	CSACs/SASs	Administrators
DJJ	80%	100%	100%
DOC	91%	89%	75%
CBP/PTS	88%	100%	74%

Although the majority of probation staff and administrators felt the instruction received on confidentiality was sufficient, there was some variability across agencies. While DJJ administrators, for example, were somewhat more satisfied with the instruction than either DOC or CBP/PTS program directors, DJJ probation officers rated the confidentiality instruction slightly lower than probation staff from the other agencies.

Problems With Confidentiality

Probation officers and CSACs/SASs were asked to discuss problems they have experienced related to compliance with federal confidentiality requirements. Although few respondents reported on-going problems, several issues were identified including:

- Screening instruments administered in group or jail setting where privacy is compromised;
- Concern with confidentiality of information entered into agency databases;
- Problems with exchange of information with attorneys; and
- Continued confusion about when the federal regulations are applicable.

Even though few probation staff identified problems, the majority of Workgroup members believed that confusion over interpretation of the confidentiality regulations remains. Evaluators also observed differing interpretations of the federal regulations in localities when conducting preliminary site visits. Additionally, Workgroup members expressed frustration with the following: 1) hiring of out-of-state individuals to conduct the confidentiality training who are unaware of Virginia laws and processes; 2) having supervisors attend this training rather than front-end probation staff; 3) providing insufficient instruction to the members of the judiciary on confidentiality requirements; and 4) although there appears to be a heightened sense of awareness of confidentiality issues, having no mechanism in place for determining whether breaches of confidentiality are actually taking place.

Development and Enhancement of a Model Memorandum of Agreement

The Interagency Workgroup additionally served as a forum for enhancing interagency agreements between criminal justice agencies involved in the screening and assessment process and local treatment providers. To improve collaboration and cooperation among these respective parties, the Interagency Workgroup developed a model Memorandum of Agreement (MOA) (see Appendix E). The model MOA outlines criteria for reporting requirements, delivery of treatment services, financial relationships and payments, and cross-training of staff. The model MOA is recommended for use if: 1) there is no current MOA in use between the local criminal justice agency and its treatment provider; 2) the current MOA does not contain all the elements listed above; 3) the current MOA does not contain a requirement for the designation of a contact person who is responsible for the administration of the contract between the service provider and purchasing agency; and 4) the current MOA does not contain a requirement for cross-training of line staff who are responsible to carry out provisions of the MOA.

According to Interagency Workgroup members, the primary goals of having a model MOA in place are to:

- Ensure consistency and standardization of screening, assessment, and treatment requirements across agencies and the state;
- Improve specificity about what type of information is to be shared between treatment providers and criminal justice agencies, and the timeliness of this exchange;
- Foster collaboration and cooperation among treatment providers and criminal justice agencies and to eliminate obstacles that undermine these relationships;
- Foster consistency in the types of treatment modalities available to offenders across the state; and
- Reduce waiting lists for criminal justice system referrals.

All agencies involved in the screening, assessment, and treatment process are currently utilizing the model MOA or their own variation of the model format. Agency representatives reported that having the model MOA in place has been beneficial for: 1) improving the relationship between criminal justice agencies and treatment providers; 2) clarifying expectations about the types of information to be exchanged among the respective agencies and the timeliness of this exchange; and 3) providing adequate flexibility for local offices yet maintaining standardization across offices, something viewed as essential to this process.

Additionally, according to Workgroup members, the model MOA has had a generally positive impact on the relationship between criminal justice agencies and service providers and has helped to clarify the fiscal and referral requirements between the two offices.

However, when asked how the model MOA could be improved, members noted the following enhancements:

- Greater specificity regarding length of time between screening and assessment and length of time between referral and placement in treatment, particularly in those cases where time of placement is more urgent (for example, in pretrial cases);
- Greater specificity regarding dates of expiration and guidelines for renewal of the MOA, including allowances for continuation of services if a MOA expires before it can be renewed;
- Greater flexibility in negotiating changes to cost of services on an annual basis without having to revise the MOA; and
- Clarification on whether the MOA is a legally binding agreement.

Furthermore, one Workgroup member noted that the current MOA is tied to the availability of the Substance Abuse Reduction Effort (SABRE) funding. Since SABRE funding was eliminated by the 2002 General Assembly, it is unclear what impact this might have on the ability of service providers to meet the provisions contained within these written agreements.

Development and Enhancement of a Model Qualified Services Agreement

DMHMRSAS, in conjunction with Interagency Workgroup members, also developed a protocol and model form for Interagency Qualified Services Agreements (QSA). A QSA is a written agreement between a program and a person/program providing non-diagnostic treatment services to that program that includes the exchange of information about the offender who is receiving substance abuse services. A QSA is not intended to substitute for or replace a formal Consent for Release of Confidential Information, but should be used when a program routinely provides and receives service-related information about an offender who is receiving substance abuse services. Examples include laboratories that provide results of drug and alcohol testing, third party insurance carriers, and program evaluators.

Although DJJ does not currently utilize the model QSA, both DOC and DCJS have QSAs in place with several individuals and organizations. The representative from DOC noted that having the QSA in place has standardized the process of service exchange. When asked whether the model QSA as currently written should be revised in any way, suggestions were not offered by agency representatives. The model QSA can be found in Appendix F.

Implementation of an Evaluation Process

The HB664/SB317 Implementation Workgroup stressed the importance of a comprehensive evaluation of the screening and assessment initiative. Given this recommendation, the DSAT legislation required that the Interagency Committee establish an evaluation process (§2.2-223). In response to this requirement, DCJS published a Request for Proposals (RFP) in December 1999 seeking a qualified institution of higher learning to conduct a thorough evaluation of the DSAT initiative, including implementation and outcomes components. Because a suitable candidate was not identified as a result of this process, the Secretary of Public Safety, as Chairperson of the Interagency Committee, asked the Department of Criminal Justice Services Research Center to conduct the evaluation.

VII: Department of Juvenile Justice Implementation

This section examines how the Department of Juvenile Justice (DJJ) implemented the DSAT initiative throughout the 35 Court Services Units (CSUs) it oversees. The information presented is based on: 1) interviews conducted with agency representatives, CSU directors, and substance abuse specialists, 2) surveys of probation officers, and 3) document review. All results are limited to the nine CSUs in the sample.

Legislative Authority

Several sections of the *Code of Virginia* provide the authority for DJJ's screening and assessment procedures. Section 16.1-273 addresses the requirements for conducting substance abuse screening and assessment of juvenile offenders and requires that the following juveniles be screened and, if necessary, more thoroughly assessed for the presence of a substance abuse disorder:

- All juveniles for whom the court orders a predispositional investigation, also referred to as a social history report, and

- All juveniles convicted of any felony, Class 1, or Class 2 misdemeanor violation of the Drug Control Act, even when a predispositional investigation is not ordered.

Section 16.1-278.8A.7a provides that dispositions for juveniles adjudicated as delinquent may include court-ordered placement into alcohol or drug abuse treatment, based on the findings of an assessment completed in accordance with §16.1-273 and certain other conditions. In addition, §16.1-278.8:01 provides that juveniles convicted for the first time of violations of the Drug Control Act and meeting other conditions may be mandated by the court to participate in substance abuse education and treatment, based on the findings of an assessment completed in accordance with §16.1-273.

Development of DJJ Protocols and Local Operating Procedures

In July 2000, DJJ's Division of Community Programs issued Procedure Number 20-515: Pre-dispositional Drug Screenings and Substance Abuse Assessments, which was developed to ensure that such activities are "appropriately completed" pursuant to the above-referenced *Code* sections. The Procedure outlines the following:

- Legislative authority in the *Code;*
- Role and responsibility of the SAS;
- Screening and assessing juvenile offenders using the SASSI, CAFAS, and APSI;
- Reporting screening and assessment results to the court;
- Confidentiality guidelines under 42 Code of Federal Regulations Part 2;
- Transmittal of information to the Reception and Diagnostic Center for committed juveniles; and
- Substance abuse database on the Juvenile Tracking System (JTS).

Additionally, Community Programs issued the SABRE Community-based Substance Abuse Services User Manual in October 2000. This document reiterated information set forth in Procedure 20-515, while providing the agency's guiding principles of their implementation of SABRE-funded activities. The User Manual describes the continuum of substance abuse services supported by SABRE funds, procurement of these services through a Memorandum of Agreement or Fee-for-Service contract, and utilization monitoring by the Regional Substance Abuse Coordinator (RC).

Although policies and protocols were developed at the state level, interviews with CSU directors revealed there was no consistent, uniform method of disseminating information to the local offices, with 4 of 9 directors receiving information from more than one source. For example, some directors learned of the legislation and resulting responsibilities through directors' meetings sponsored by DJJ, as well as through written protocol and policy directives sent from Community Programs. In contrast, some CSUs received written manuals as well as in-service training by DJJ's Court Services Specialist and Substance Abuse Program Manager.

A majority of CSUs developed written screening and assessment policies specific to their offices. Local policies were developed in accordance with DJJ protocol and information gleaned from the pilot phase, then tailored to fit within the current operations of each office. Most directors involved the SAS as well as probation supervisors in policy development. Local policies typically address the following:

- Procedures for identifying a case as one requiring screening;
- Referring screened cases to the SAS for assessment;
- Collecting urine samples;
- Documenting results of screening, assessment, and urinalysis;
- Referring juveniles for substance abuse services; and
- Maintaining confidential substance abuse screening, assessment, and treatment information.

Evaluators collected local policies and operating procedures from each of the nine sample CSUs. To ascertain whether local policies and procedures related to the initiative are made available, SASs and probation officers were asked whether they have access to such materials during the screening and assessment. Of those responding, 76% reported that written policies are accessible if needed for review.

Training on State and Local Policies and Procedures

SASs and probation officers were asked to describe the types of instruction they received on state and local policies and procedures related to the initiative. Whereas all nine SASs reported receiving some instruction, either through an agency-sponsored workshop or written documents, 24% of probation officers did not receive any. Of those receiving this instruction, 88% reported that it was "somewhat to very" sufficient in terms of preparing them to implement the initiative.

Additionally, CSU directors were asked to describe the types of instruction provided to their staff on state and local policies and procedures. A majority of directors stated their staff received a variety of training, including agency-sponsored workshops, written materials, and updates during staff meetings. Directors generally rated this instruction as "somewhat to very" sufficient for their staff.

The Screening and Assessment Process in Court Services Units

The screening process for DJJ is characterized by administering the adolescent version of the SASSI[6], a self-report questionnaire that is scored, in most cases, upon completion. A comprehensive assessment is the next phase in the evaluation of a juvenile's substance involvement, after initial screening indicates a likelihood of a substance use, abuse, or dependence disorder.

Though the nine CSUs in the sample vary in terms of size and average caseloads, responsibilities for screening and assessment are largely similar. Table 20 illustrates the different characteristics of each of the sample CSUs related to their capacity for screening and assessing juvenile offenders.

[6] At the start of the DSAT initiative, the original SASSI for adolescents was selected for use. In 2001, the SASSI Institute revised the instrument, and DJJ began using this new version in October 2001. Additional information on the selected instruments is found is Appendix B.

Table 20: Description of CSU Characteristics Related to Screening and Assessment

CSU	Multi-jurisdictional	Number of Probation Officers	Average Caseload	Number of SASs	Who Conducts Screenings	Override SASSI Result	Who Conducts APSI	Override APSI Result	Who Completes CAFAS	Override CAFAS Result
1st - Chesapeake	No	24	70	1	SAS	Yes	SAS	Yes	SAS	Yes
6th – Hopewell	Yes	7	20	1**	Probation Officer	Yes	SAS	Yes	SAS	Yes
8th - Hampton	No	19	23	1	SAS	Yes	SAS	Yes	SAS	Yes
10th - Charlotte	Yes	14	20	1	Probation Officer or SAS	Yes	SAS	No	SAS	Yes
14th - Henrico	No	20	30	1	Probation Officer or SAS	No	SAS	Yes	Probation Officer or SAS	Yes
16th - Charlottesville	Yes	17	35	1*	Probation Officer or SAS	Yes	SAS	Yes	SAS	Yes
17A -Arlington	No	13	30	1	Probation Officer	Yes	SAS	Yes	SAS	Yes
23A - Roanoke City	No	11	27	1***	SAS or other credentialed staff	Yes	SAS	Yes	SAS	Yes
28th - Bristol	Yes	10	25	1	Probation Officer	Yes	SAS	Yes	SAS	Yes

* Charlottesville (16th) has 1 additional staff member with CSAC credentials.
** Hopewell (6th) has 3 additional staff members with CSAC credentials.
** Roanoke City (23A) has 1 additional staff member who is a Certified Addictions Counselor.

The Screening Process

Since localities are required by the *Code* to screen and assess specific juvenile offenders, local office staff in this sample were asked how they identify a case as one for substance abuse screening. Of those 104 probation officers responding, nearly 75% cited the court order as a method of identifying a case for screening. Some offices created rubber stamps for their judges to use when making these orders. Some probation officers (11%) mentioned the charges or nature of the instant offense (defined as the current criminal or delinquent behavior for which the accused was arrested and is awaiting disposition).

Preliminary site visits by evaluators revealed instances in which a substance abuse screening is conducted absent a court order or *Code* requirement. Accordingly, probation officers were asked if this occurs, and if so, how often. Of the 90 probation officers who stated they do screen juveniles under these circumstances, the majority (62%) stated these screenings take place at least "sometimes;" 19% stated these screenings occur "often." When asked to report the factors that trigger these screenings, the most common responses were as follows:

- A report by a family member (36%);
- A positive urine drug screen (23%);
- Self-report of substance use by the juvenile (21%); and
- The probation officer's suspicions of substance use, based on their experience (21%).

Department policy mandates the substance abuse screening occur "in a timely manner." Some CSUs developed local policy stating the screening must be completed at a specific time. Accordingly, CSU staff were asked when the screening typically takes place. Probation officers' and SASs' responses demonstrated that offices whose policies dictate specific timeframes for screening are typically administering the SASSI within those periods. Those offices that did not have specific policies were typically screening juveniles immediately after court or within 1 week, while two offices typically conduct the screening within 30 days. Though many respondents cited an increased overall workload due to the initiative, they nevertheless appear to be completing the substance abuse screenings in a timely fashion.

Information from the SASSI Institute states the adolescent version should take approximately 15 minutes to administer and score. Accordingly, respondents were asked the typical length of time spent on this task. Of those typically administering the instrument (58 probation officers and 5 SASs), 89% reported spending between 10 and 30 minutes administering and scoring the SASSI.

While DJJ policy only specifies the screening result, based on the SASSI decision rules, as the determining factor for further assessment, many respondents (46 of 50 probation officers responding; 3 of 4 SASs responding) stated they review collateral information prior to screening a juvenile for the purpose of obtaining complete knowledge of the juvenile's background.

This collateral information is relied upon when deciding to override a SASSI result in favor of a more thorough assessment, an action reportedly taken by 57% of those typically administering the instrument.

Respondents noted that the following factors might prompt them to override the SASSI result:

- Positive urine drug screen;
- Reports from a family member;
- History of substance abuse;
- Reports from a school official;
- Nature of instant offense;
- Obvious signs the juvenile is under the influence (e.g., needle marks); and
- Criminal history.

The Assessment Process

The nature of the assessment process requires a more sophisticated level of expertise than substance abuse screening. Consequently, DJJ protocol directs the SAS or other qualified probation officer to administer the Child and Adolescent Functional Assessment Scale (CAFAS) and the drug/alcohol component of the Adolescent Problem Severity Index (APSI) as the main assessment components. Urine drug testing may be included, if local policy allows.

The assessment is to be conducted in sufficient time to include the findings with the social history report, typically due at the next court date. The majority of SASs surveyed stated the length of time between the substance abuse screening and assessment was typically less than 2 weeks. Some SASs typically administer the assessment instruments immediately after the screening, if warranted.

Survey results demonstrate that all CSUs sampled administer both the CAFAS and the APSI, according to Department protocol, and never supplement or replace these with any other assessment instrument. These instruments are administered during an assessment interview, which typically takes between one and two hours. All SASs conduct urinalysis at the time of the assessment interview.

The SAS is primarily responsible for administering the APSI in all sample locations, and for completing the CAFAS in almost all locations. Some SASs (3) reported that they might occasionally forward assessment cases to other credentialed staff in their offices if the workload becomes too great, or share cases with a probation officer who is working towards certification. Analysis revealed that the majority (94%) of probation officers who assist the SAS with assessments have completed the appropriate training.

In contrast to screening, the assessment process by definition is more comprehensive and necessitates the review of collateral information. Indeed, when asked if they ever override the results of the APSI or CAFAS, the majority of respondents said yes. Though not specifically stated in protocol or policy, according to the Court Services Specialist the Department reportedly encourages assessors to examine the totality of circumstances of each juvenile being assessed, rather than relying on the instruments alone. Although numeric thresholds have been established for both the CAFAS and APSI for the purpose of classifying juveniles as in need of substance abuse treatment, the general sentiment expressed was that these are two of many tools that make up the comprehensive

examination of substance involvement. Therefore, no one measure is the deciding factor when making a referral-to-services decision. Assessors reportedly consider all available information to supplement results from the CAFAS and APSI, such as urine drug testing; reports from family members, school officials and the supervising probation officer; criminal history and instant offense; previous history of substance abuse; and the juvenile's own disclosures during the assessment interview.

Parent Cooperation

As intimated above, assessment of a juvenile's substance involvement can be aided greatly by forming a therapeutic alliance with the client's family. Parents can provide information regarding their child's substance involvement, and may be an important source of information when assessing the home environment, peer relations, possible mental health issues, and the juvenile's performance in school. In general, the SASs and probation officers surveyed felt the juveniles' parents or guardians were supportive and cooperative during the screening and assessment process, as well as the referral and treatment phase. Respondents were asked to rate parent cooperation, in general, on a scale of 1 to 5, with 1 being "Not Very Cooperative" and 5 being "Very Cooperative." Table 21 illustrates the average ratings for parent cooperation for each phase of the process.

Table 21: Rating of Parent Cooperation by SASs and Probation Officers

Phase	Average Rating by SASs	Average Rating by Probation Officers
Screening	4.0	4.0
Assessment	4.0	3.8
Referral and Treatment	3.6	3.8

Reporting Requirements to Court

Since so much information is gathered and reviewed when preparing the screening and assessment report for the court, evaluators asked respondents if there was sufficient time to complete the process. The majority of SASs and probation officers felt that, in general, they were able to complete the process and prepare a thorough report prior to the juvenile's next court appearance. Some SASs, however, cited difficulties in the outlying areas of their respective districts, typically staffed by only one probation officer. In these instances, high caseloads may prohibit the timely completion of the screening and assessment process.

The court report typically includes the results from both the screening and assessment instruments, and most SASs include the collateral information discussed previously when justifying their recommendations for treatment services. The Screening and Assessment report is typically attached to the social history investigation. Accordingly, judges were asked to describe how useful this information is for decision-making. All J&DR court judges reportedly felt the screening and assessment information was "moderately to very" useful when integrating treatment with sanctions, and for determining the frequency of urine drug screens. A large majority of judges (85%) also found the information to be "moderately to very" useful when determining case dispositions in general.

The Education/Treatment Referral Process

The SAS is primarily responsible for determining which services are recommended for the juvenile. There are some occasions, however, when particular referrals are discussed among key players, typically the SAS, supervising probation officer, and the juvenile's parents. It is during these staffings where particular treatment needs are discussed in relation to available services and funding.

Procurement of Services

CSU directors had some flexibility when deciding how to arrange for substance abuse services. Funds could be allocated for a MOA with the local CSBs, or used to access services on a case-by-case basis through Fee-for-Service agreements with private providers. Some CSUs accessed services through both methods.

The Model Memorandum of Agreement (MOA) developed by the Committee is not being used by DJJ. However, DJJ's SABRE User Manual outlines several specifics that should be included in agreements between CSUs and public treatment providers. DJJ's representative reported that its protocol allows for more flexibility based on local office needs, as it was "designed to be tinkered with." Although there was some variability among the 8 CSUs with agreements during FY02, for the most part, each program was set up in the same manner. For example, each CSB provided their CSU with 1 full-time staff who dedicated at least 20 hours each week to direct service delivery to juveniles. In addition, the "SABRE therapist" was responsible for developing the juvenile's treatment plan and reporting progress to the supervising probation officer. CSUs were also responsible for providing screening and assessment results to the treatment provider, as well as the results of any sanctions applied to the juvenile while under supervision.

Variation between CSUs in the agreements with respective CSBs is evident when comparing the continuum of services to be provided. While all eight agreements provided for individual and family counseling, two CSUs did not have access to therapeutic group counseling. Additionally, some agreements did not include brief intervention services (3), Intensive Outpatient treatment (4) or relapse prevention services (5). Additionally, while all the agreements mention periodic review and audit of services, cross-training, and the maintaining of statistical data, there were no specifics regarding the scope of these tasks, or the timeframe in which they are to be completed. A more detailed illustration of the comparisons between MOAs can be found in Table 22.

Table 22: Terms Covered by Memoranda of Agreement Between Each CSU and CSB

	Court Services Unit							
Detail of Terms: CSB	**1st**	**6th**	**8th**	**14th**	**16th**	**17A**	**23A**	**28th**
Number of full-time staff for CSU clients only	1	1	1	1	1	1	1	1
Number hours per week in direct service delivery	25	20	25	25	20	22	25	25
Number of part-time staff for CSU clients only								1
Number hours per week in direct service delivery								21
Provide SA counselor clinical supervision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Individual counseling	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family counseling	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Group counseling	Yes	Yes		Yes	Yes	Yes		Yes
Gender-specific group counseling for girls				Yes				
Education/brief motivational intervention group		Yes			Yes	Yes	Yes	Yes
Intensive Outpatient Program (IOP)			Yes		Yes		Yes	Yes
Relapse Prevention Group		Yes			Yes			Yes
Substance Abuse & Mental Health Assessments				Yes				
Refer clients for psychiatric evaluations				Yes				
Urine drug screening	Yes	Yes	Yes		Yes	Yes	Yes	
Provide transportation to clients	Yes							
Receipt of referral within X days	3	3	3	3	5	3	3	3
Individualized treatment plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monthly progress report	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Staff cases with PO	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Attendance notification within	24 hrs	24 hrs	24 hrs	3 days	24 hrs	24 hrs	24 hrs	24 hrs
24-hour drug screen notification	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Discharge summary within 10 days	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Attend quarterly meetings with purchasing agent				Yes				
Maintain statistical data	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Designated staff for administration of MOA	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Work with CSU to design program evaluation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Invoices submitted for each billing period	By the 30th	Within 5 days of quarter end	Within 5 days of quarter end	Within 5 days of quarter end	Within 5 days of quarter end	Within 5 days of quarter end	Within 5 days of quarter end	Within 5 days of quarter end

Table 22: Terms Covered by Memoranda of Agreement Between Each CSU and CSB

	Court Services Unit							
Detail of Terms: Court Services Unit	**1st**	**6th**	**8th**	**14th**	**16th**	**17A**	**23A**	**28th**
Provide service recommendations with referral	Yes		Yes		Yes	Yes	Yes	Yes
Provide copy of S/A results with referral	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provide summary of client status	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Provide summary of client's delinquency history	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Provide summary of client's instant offense and disposition	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Fund transportation for clients					Yes			
Provide transportation for tx provider to purchasing agency's offices		Yes						
Provide results of any sanctions applied	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provide results of drug/alcohol testing	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Participate in case staffing	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provide cell phone number and orientation of on-call procedure		Yes						
Attend quarterly meetings with provider				Yes				
Designated staff for administration of MOA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Conduct periodic reviews/audits of services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cross-training Stipulated in MOA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monthly payment	3,674	4,262	4,885	5,183	3,333	6,681	4,790	6,761
Contract price (full year)	44,088	51,146	58,620	62,200	40,000	80,177	57,479	81,131
Paid Monthly (M) or Quarterly (Q)	M	Q	Q	Q	Q	Q	Q	Q

A large portion of the sample CSUs also used private providers for some services. DJJ protocol allows for private vendors if the MOA provider has a waiting list, or if the director feels a needed service can best be provided by a private vendor. In most of the offices, directors met with probation supervisors, the SAS, and in some instances, their regional coordinator when selecting private providers from DJJ's list of approved vendors. Oftentimes, individual treatment services are obtained through Fee-for-Service agreements with Licensed Professional Counselors, or group counseling may be supplied by a private provider in parts of a district that are inaccessible to the CSB. Additionally, Fee-for-Service agreements were used during the period in which one CSU was without a SAS. During that time, a licensed counselor conducted substance abuse assessments, and provided group and individual treatment services.

A majority of CSUs deliver some substance abuse services on-site. Most often, these services consist of basic education groups or groups for first offenders. In five of these offices, the SAS delivers the programming; in another two, a probation officer with CSAC credentials delivers the service.

Three directors discussed substance abuse services in development. For two CSUs, a basic education group is being created while one other office plans to expand their existing group to accommodate more juveniles. Two of the three planned programs intended to be up and running within thirty days of the directors' interviews. However, it is unknown whether plans will be continued in the wake of SABRE funding cuts.

Exchange of Information with Service Providers

To promote a high level of collaboration between staff and service providers, DJJ's SABRE User Manual outlines specific requirements for sharing information about the juvenile receiving services. Specifics include the Consent to Release Substance Abuse Screening and Assessment Information, which must be signed by the juvenile before the referral can be made, and case management activities, such as the development of individual treatment plans, monthly progress reports, attendance and urine drug screen notification, and discharge summaries.

To assess how well the exchange of information is working, probation officers were first asked to indicate the types of information they typically forward to the service provider. Table 23 demonstrates the percentage of those reportedly forwarding each type of information.

Table 23: Types of Information Forwarded to Service Providers (DJJ)

Type of Information	Percent Forwarding Information
Signed consent to release confidential information	88%
Written referral to services	81%
Prior substance abuse treatment information	64%
Criminal history	55%
Copies of SASSI, APSI, and CAFAS and/or scores	47%
Instant offense	44%
Results of court disposition and any sanctions applied	43%

As indicated, the most commonly reported types of information forwarded to service providers included signed consent forms, written referrals, and juveniles' prior substance abuse treatment information. Some probation officers forward additional information such as a juvenile's social history investigation and/or conditions of probation. However, this is not a widespread practice, as only 17% of respondents reported that they do provide information other than the types listed in Table 23.

Exchange of Screening and Assessment Results

The provision of screening and assessment information to treatment service providers is an essential component of an effective referral process. However, DJJ does not typically forward copies of testing materials or raw scores to treatment providers. As such, less than half of those probation officers responding reported forwarding this information to treatment providers on a regular basis. It is important to note that when treatment providers do not receive copies of full screenings and assessments, or if they receive only composite scores, DMHMRSAS licensure requirements mandate completion of an assessment as part of the intake process. This results in duplicative efforts by both the CSU and the CSB. To examine how often this occurs, CSB representatives were asked to discuss the process of receiving referrals from the CSU. Of the 9 CSBs providing services to juveniles within our sample localities, 7 reported conducting assessments on CSU referrals, even when the referral included a summation of screening and assessment findings. Of these 7, 6 reportedly conduct assessments in all cases. According to CSB representatives, the primary reason for conducting the additional assessment is the licensing requirements set forth by DMHMRSAS. Other justifications reported include: 1) the need to more thoroughly examine mental health issues; 2) confirmation of CSU's results; and 3) the belief that CSB staff are considered "experts," and therefore their written assessments supercede those of the CSU/SAS.

Receipt of Information from Treatment Providers

Probation officers and SASs were also asked to report how often they receive individual treatment plans, monthly progress reports, and discharge summaries from treatment providers. Table 24 indicates how frequently each type of information is reportedly received.

Table 24: Frequency of Information Received from Providers (DJJ)

	Never	In Very Few Cases	In Some Cases	In Most Cases	In All Cases
Individual Treatment Plans	18%	21%	20%	29%	12%
Monthly Progress Reports	12%	12%	28%	32%	15%
Discharge Summaries	11%	11%	20%	40%	18%

Clearly, there is some opportunity to improve collaboration between CSU staff and treatment providers, as staff reports illustrate a lack of consistency in receiving information. It is important to also note that most SASs said they do receive the SABRE Case Closure form, which serves as the discharge summary, for most or all of their cases. However, they do not consider this a true clinical discharge summary, as it only addresses whether the juveniles completed their treatment

program successfully and does not address specific treatment goals or other post-treatment concerns.

SASs were asked if they generally receive information from treatment providers in a timely manner, and most (67%) said they did. SASs and probation officers were asked to rate their satisfaction with the information they receive from treatment providers on a scale of 1 to 5, with 1 being "Not Very Satisfied" and 5 being "Very Satisfied." Respondents were asked to consider whether they felt the information sufficiently reflects a juvenile's progression through treatment. Analysis revealed an average rating of 3.2 by SASs and 3.4 by probation officers. When asked to comment further, many SASs expressed their desire for more detailed discharge summaries and to receive the information in a more consistent manner.

SASs also discussed additional information they would like to receive from service providers to assist with client supervision, such as attempts the treatment professional has made to engage the family in the treatment process, recommendations for continued treatment, and weekly updates on juveniles not complying with treatment plans.

Although 20% of responding probation officers did not want to receive any additional information from treatment providers, 80% offered the following suggestions:

- Consistent, detailed progress, to include attendance, participation, and topics covered in treatment;
- Discharge summaries, to include recommendations for future treatment; and
- Results of positive urine drug screens.

Monitoring Service Providers

Directors were also asked how treatment providers are monitored in three specific areas – treatment quality, collaboration with CSU staff, and billing accuracy. Regarding treatment quality, a majority of directors (56%) stated that service providers are monitored on a case-by-case basis, centered on staff feedback and treatment completion rates. Two directors rely on direct communication with the service provider, such as regularly scheduled meetings, phone calls, or emails. An equal number of directors stated their SASs were responsible for monitoring the provider's compliance with the written agreement. The responses indicate that none of the 9 CSUs sampled have a formal method of monitoring treatment quality (e.g., surveying clients after their release from treatment); however, some SASs felt this was an area that needed to be addressed. Specifically, one SAS expressed a need for uniform standards for service providers to increase accountability.

It was evident from the responses that directors may interpret the phrase "treatment quality" differently. Some considered the juvenile's successful completion of a treatment program an indicator of quality, while others felt that if the provider was in compliance with reporting requirements to the CSU, this was an indicator of treatment quality. While treatment quality is often defined in very specific terms, encompassing a number of different factors (e.g., staff competencies, program design, curriculum), this issue cannot be addressed until Phase II of the study.

When asked about the providers' collaboration with CSU personnel, the majority of directors reported relying on staff feedback as their primary monitoring tool. In other words, if a probation officer does not bring the issue to the director's attention, it is assumed the collaborative process is working adequately. Other directors meet regularly with their service provider to discuss any issues pending, while some monitor the written reports from the provider to the CSU, and their general compliance with the service agreement. Again, responses indicate no formal method of monitoring the collaboration with staff (e.g., surveying probation officers regarding their experiences with providers).

Three directors reportedly experienced some problems when monitoring invoices received from treatment providers. Specifically, there were occasions when juveniles were included on the SABRE invoice although they were not working with the SABRE therapist. There were additional reports of invoices not being received by the CSU in a timely fashion, and some communication issues as well. Directors responded to these problems by increasing communication with treatment providers; one director involved the Court Services Specialist and the Substance Abuse Programs Manager to assist in resolution. Two of the three directors stated the problems were successfully resolved.

SASs also play a role in monitoring service providers, although this is generally limited to monitoring the frequency and content of written reports submitted by treatment professionals, and facilitating open communication between probation staff and providers.

Collaboration

As the Interagency Screening and Assessment Committee is charged in the *Code* with promoting interagency collaboration, directors were asked if they engage in any collaborative activities with other CSUs, their regional coordinator, the DJJ Division of Community Programs, and within their communities.

Most directors reported they do collaborate with other CSU directors, mainly during regional meetings and periodic communications (phone and email) with nearby offices. Directors share information regarding staffing and personnel development, policy development, general DSAT implementation concerns, and issues regarding their substance abuse service providers. The procurement of substance abuse services is largely a collaborative process, and overall, the majority (77%) of directors classified their relationships with the CSBs as "positive" or "satisfactory," while the remaining directors described their relationships as "touchy" or "tender." All directors accessing services from private providers classified their relationships as "positive" or "satisfactory."

Some SASs expressed a desire for more formal collaboration with other offices, as they felt that regional meetings were focused on disseminating information from the DJJ Division of Community Programs. These SASs found that regular communication with other SASs through phone calls and emails helped them to keep abreast of trends and new drugs being used, as well as how the initiative was being implemented across the Commonwealth.

The RC for Region 1 (Northern) has been employed since the initiative was implemented; Regions 2 (Western) and 3 (Eastern) have experienced some turnover in the position. This turnover has affected collaborative efforts, as there was no liaison between CSUs and DJJ's central office. Consequently, DJJ's Court Services Specialist and Substance Abuse Programs Manager worked directly with CSUs until new Regional Coordinators were installed.

The majority of directors do collaborate with their RC, primarily through regional meetings and periodic communications (phone and email). Directors and regional coordinators reportedly share information and ideas regarding the SASs' training and clinical supervision, as well as administrative concerns related to the SAS position. Additionally, local DSAT policy development and issues regarding their substance abuse service providers are discussed. Two directors, however, described strained or unproductive relationships; one reported there had been no communication between the director and regional coordinator in 6-8 months, although communication between the RC and the SAS continued unabated.

When asked specifically about the support the CSUs received from the DJJ Division of Community Programs, most of the directors and SASs had favorable comments. Specifically, respondents reported that the Court Services Specialist and the Substance Abuse Programs Manager were quick to address CSUs' concerns, often conducting in-service training sessions and assisting with MOA development.

Directors were also asked if they were involved with any community organizations that focus on substance abuse issues, and if so, how that involvement may have influenced how they implemented the initiative in their CSU. All nine directors reported involvement in community organizations; examples of such include the Community Policy Management Team, community partnerships for youth and families, local school boards, and the local Community Criminal Justice Board. Although there were no specific cause and effect relationships, all nine directors discussed their positive networking experiences and increased awareness of youth issues related to substance abuse that resulted from this community involvement.

VIII: Department of Corrections Implementation

This section examines how the Department of Corrections implemented the DSAT initiative in probation and parole districts across the state. The information presented is based on 1) interviews conducted with DOC agency representatives, probation and parole district chiefs, and CSACs, 2) surveys of probation and parole officers, and 3) document review. All survey results are limited to the 12 district offices included in the sample.

Legislative Authority

The Department of Corrections is responsible for screening and assessing, if needed, adult felons processed through Virginia's circuit courts under the authority of §18.2-251.01. This includes all offenders convicted of a non-capital felony, who committed the offense on or after January 1, 2000 for whom a presentence investigation (PSI) report is ordered or who is sentenced to state responsible incarceration or to the statewide community-based corrections system by the circuit courts.

Development of DOC Protocols and Local Operating Procedures

The Department of Corrections formulated and field-tested draft DSAT protocols in nine DOC pilot locations and issued these protocols to all district offices in January 2000. Protocols were subsequently revised and distributed on July 13, 2000. The DOC protocol requires that district chiefs develop local unit procedures to carry out the requirements of the substance abuse screening, assessment, and treatment program within local offices. Local policies were required to address the state DOC protocols and outline how offenders are identified, screened and assessed, as well as how results are disseminated to the proper authorities. Additionally, the procedures are to be made available to all unit staff. The regional administrator is responsible for reviewing and approving local organization unit procedures and subsequent changes. Evaluators collected local protocols, including policies and operating procedures, for conducting the screening and assessment process from each of the 12 offices participating in the evaluation. Probation and parole officers were asked whether written policies and procedures are available to them for review during the screening and assessment process as required by DOC protocol. Of the probation staff responding to this question, 90% reported that written policies are available to them if needed.

Local directors and Certified Substance Abuse Counselors (CSACs) were asked to describe the process through which local office policies and procedures were developed. Individuals from all district offices reported a highly collaborative process that typically included input from district chiefs, CSACs, probation staff, regional clinical supervisors, and regional administrators. In most instances, DOC's protocol was used as a model from which to draft policies and procedures unique to localities. In at least 4 of the 12 offices, operating policies and procedures from Norfolk's probation and parole district were used as a model.

Training on State and Local Policies and Procedures

Probation and parole staff were asked to describe the types of training they received on state and local office operating policies and procedures. Of the 186 probation and parole officers and nine

CSACs responding to this question, the overwhelming majority (96%) reported that they received instruction on state and local policies. Most (75%) reported receiving instruction at a DOC-sponsored training or workshop. Of those receiving this instruction, 92% reported that it was "somewhat to very" sufficient to allow actual implementation of the procedures. Additionally, district chiefs were asked to describe what types of instruction they provide to their staff on local office policies and procedures. Eight of 12 chiefs noted that staff are updated on a regular basis at staff meetings, three noted this is done as part of a DOC-sponsored workshop, and one relies on the CSAC to distribute policy changes to staff. Nearly all district chiefs (10 of 12) felt this instruction was "somewhat to very" sufficient for their staff.

The Screening and Assessment Process in Probation and Parole Districts

Although DOC established general screening and assessment procedures, agency representatives indicated that local probation and parole offices were given some flexibility when developing their own processes. As evaluators discovered, localities took different approaches to implementing the screening and assessment process. District chiefs, CSACs, and probation and parole officers were asked to describe the screening and assessment procedures implemented in their localities. Table 25 summarizes the processes in each participating locality.

The Screening Process

According to DOC protocol, all felony offenders must be screened for substance abuse problems using the SSI either during the presentence investigation, at case opening, or during incarceration in state institutions. Surveys with probation and parole officers and interviews conducted with CSACs suggested that screening was completed as directed by DOC protocol. All CSACs and the majority of probation and parole officers stated that screening is typically done at the time of PSI interview in those cases where a PSI has been ordered, and at the initial interview when a case is opened for probation supervision.

Responsibility for administration of the SSI is not specified by DOC protocol. Rather, districts had flexibility in deciding how this responsibility would fit with existing district procedures. As Table 25 indicates, there is some variation in who is responsible for administering the SSI. Across all localities combined, however, the responsibility of administering the SSI is primarily that of the supervising officer; nearly three-fourths (72%) of probation and parole officers indicated they are typically responsible for administering the SSI to offenders under their supervision.

On January 1, 2002, DSAT Protocol #3 was modified to reflect a revision to the screening procedure. The change required local offices to begin using the interview version of the SSI, including the Observational Checklist. Although the majority (83%) reported using the SSI Interview form, as required by DOC protocol, 17% reported continued use of the SSI Self-Report form. All CSACs reported using the SSI Interview form. The majority (82%) of probation and parole officers and CSACs (6 of 7) reported taking less than 10 minutes to administer the SSI, while one CSAC reported taking between 15 and 20 minutes to administer the instrument.

Table 25: Description of Probation and Parole District Characteristics Related to Screening and Assessment

District	Multi-jurisdictional	# of POs*	Average Caseload	# of CSACs	Who conducts screenings	Who conducts assessments	Section of ASI used	Override of ASI	Who makes referral decision
1st - Richmond	No	37	160	1	If PSI ordered, PSI writer; if no PSI, supervising officer	If PSI ordered, PSI writer; if no PSI, supervising officer	General, Alcohol, and Drugs	Yes	Team
2nd - Norfolk	No	30	125	3	Supervising officer	CSAC	Entire ASI	No-everyone placed	CSB
3rd - Portsmouth	No	28	95	1	If PSI ordered, PSI writer; if no PSI, supervising officer	If PSI ordered, PSI writer; if no PSI, supervising officer	If PSI completed, General, Alcohol, and Drugs. If no PSI, General, Alcohol, Drugs, and Psychiatric	Yes	CSAC
4th - Accomac	Yes	4	60	1	Supervising officer	CSAC	If PSI, General, Alcohol, and Drugs. If no PSI, entire ASI	Yes	Team
9th - Charlottesville	Yes	14	120	0	PSI writer	PSI writer	Entire ASI	Yes	CSB
10th - Arlington	No	16	110	1	Intake Officer	Supervising officer	General, Alcohol, and Drugs	Yes	Supervising officer
13th - Lynchburg	Yes	20	72	2	If PSI ordered, PSI writer; if no PSI, supervising officer	If PSI ordered, PSI writer; if no PSI, supervising officer	If PSI, General, Alcohol, and Drugs. If no PSI, General, Alcohol, Drugs, and Psychiatric	No-everyone placed	Team
14th - Danville	Yes	16	115	2	If PSI ordered, PSI writer; if no PSI, supervising officer	CSAC	General, Alcohol, and Drugs	Yes	CSAC
18th - Norton	Yes	10	75	1	Supervising officer	CSAC	General, Alcohol, and Drugs	Yes	Team
33rd - Warsaw	Yes	4	75	1 part-time	If PSI ordered, PSI writer; if no PSI, supervising officer	If PSI ordered, PSI writer; if no PSI, supervising officer	General, Medical, Alcohol, Drugs, and Psychiatric	Yes	Court
35th - Manassas	No	25	70	0	PSI writer	If PSI ordered, PSI writers; if no PSI, supervising officer	General, Alcohol, and Drugs	Yes	Team
37th – Rocky Mount	Yes	4	66	0	Supervising officer	Supervising officer	Entire ASI	Yes	Supervising officer

*Does not include Deputy Chiefs or Chiefs

When completing the SSI, an offender responds to 16 questions, 14 of which are scored. A score of 4 or higher suggests the need for further evaluation using the ASI. As DOC protocol indicates, in situations when a score on the SSI is lower than 4, yet there is evidence to suggest the presence of a substance abuse problem, the SSI score can be overridden. Scoring overrides are permissible if the reasons for doing so are verifiable and clearly documented in writing, after consultation with a CSAC or licensed clinical staff. Although less than half (46%) of probation and parole officers reported overriding an SSI score, all (7 of 7) CSACs reported overriding the SSI score when a verifiable reason for doing so exists. Of those who reported overriding a SSI score, the primary reasons given for doing so included:

- Inconsistencies between what an offender is self-reporting and collateral information;
- Instant offense that is drug- or alcohol-related;
- Observational factors (i.e., alcohol on breath, needle marks) indicating there is a problem; and
- A positive drug screen.

Most (83%) probation and parole officers and all CSACS reported having collateral information about an offender available to them prior to conducting the screening, and nearly all probation staff (96%) reported reviewing this information prior to completing the SSI. According to probation staff, this information is reviewed for the purpose of overriding a low SSI score and is very useful for identifying inconsistencies between self-reported and documented information. Although overrides are to be approved by a CSAC or licensed clinical staff, according to DOC protocol, in cases where an SSI override occurred, only half of probation and parole officers noted that overrides had to be approved while 6 of 7 CSACs said approval was necessary. Typically, the CSAC was identified as being responsible for making this decision, although in two offices, approval resulted from a discussion between the deputy chief and CSAC.

The Assessment Process

As Table 25 shows, responsibility for administering the ASI also varies by locality. Administration of the ASI is the responsibility of the CSAC in only four of the eight localities with a full-time CSAC position. In the other four offices with a CSAC, a combination of supervising officers and PSI writers are primarily responsible for administration of the ASI. Likewise, in the four offices without a full-time CSAC, the ASI is completed by the supervising officer in one locality and by supervising officers and PSI writers in the remaining offices.

On March 4, 2002, DSAT Protocol #4 was modified to reflect substantial revision to the assessment process. This revision, resulting from an attempt to reduce duplicative data collection and to reduce workload demands on probation staff conducting assessments, gave localities discretion in what portions of the ASI could be administered under various circumstances. Specifically, when required in conjunction with a pre- or postsentence report, completion of the ASI could be limited to Page 1 (General Information) and Pages 5 and 6 (Alcohol and Drugs). When required without a pre- or postsentence report, completion of the ASI could be limited to Page 1 (General Information), Page 2 (Medical Status), Pages 5 and 6 (Alcohol and Drugs), and Pages 11 and 12 (Psychiatric Status). Response to this protocol change was inconsistent across districts, with three districts continuing to administer the entire ASI and the remaining districts adopting a variation of the DOC mandate. Due to the variability

across districts in terms of which sections of the ASI are administered, it was difficult to determine typical administration time. Of those indicating they completed the entire ASI, nearly half (49%) reported taking between 40 and 90 minutes to complete, while nearly one-third (28%) reported taking between 60 and 90 minutes to complete. The CSAC completing the entire ASI reported taking between 40 and 60 minutes to complete the entire ASI.

Generally, as set forth by DOC protocol, offenders scoring three or less on the ASI should be considered for educational services, while offenders scoring four or more on the ASI should be considered for education plus additional treatment services. In situations when a score on the ASI is lower than three, yet there is evidence to suggest the need for treatment rather than education, the ASI score can be overridden as long as the reasons for doing so are verifiable and clearly documented in writing, after consultation with a CSAC or licensed clinical staff. More than half (67%) of probation and parole officers reported overriding a low ASI score, while seven of eight CSACs reported doing so.

Of those who reported overriding an ASI score, the primary reasons given for doing so included:

- Positive urine screen;
- Family history of substance use; and
- Discrepancies between what the offender is self-reporting and documented collateral information.

The majority (89%) of probation and parole officers and all CSACs reported having collateral information about the offender available to them prior to administering the ASI. Nearly all probation officers (92%) and all CSACs reported reviewing this information prior to completing the ASI. CSACs reported that the collateral information not only supplements assessment materials, but also assists in determining treatment needs and identifying appropriate placements. Despite DOC protocol stating that overrides must be verified and documented in writing by a CSAC or licensed clinician, slightly less than half (47%) of probation and parole officers and only half of CSACs noted approval was necessary. In those instances, the CSAC was typically identified as the person responsible for making this decision, although in several offices, approval resulted from a discussion between the district chief, deputy chief, and CSAC.

Automated ASI

An automated version of the ASI was introduced to DOC field offices, and training on its installation and use was provided to local staff. All 12 offices participating in the evaluation reported using the automated ASI. Although 5 district chiefs reported seeing no benefits from automating the ASI, benefits mentioned by the remaining chiefs included that the system is time saving and reduces paperwork. Problems with using the automated system were mentioned by almost all chiefs, including:

- Problems with the automated system being off-line frequently, resulting in the need to reschedule many assessment appointments, and

- Problems related to staff inability to use the automated system in certain locations (i.e., jails), resulting in duplication of data collection (i.e., completion of paper version of ASI and later transfer of same information to the automated system).

When asked what efforts have been made to address these concerns, the majority of chiefs reported that little has been done to remedy these problems. The general consensus among district chiefs is that improvements to the system will not be forthcoming without additional staff and funding resources. Agency representatives reported being aware of these problems and noted that efforts to address them are on-going, including efforts to improve system capacity and to merge the PSI and ASI databases to reduce duplication of information.

Reporting Requirements to Court

Probation staff are required by DOC protocol to document the screening and assessment information on the Health Information page of the pre- or postsentence report, in those cases where a report is ordered. Circuit court judges typically use this information in determination of sentence and to determine whether an offender should be ordered to complete substance abuse treatment. Although the report writing process was described as time-consuming, 72% of probation staff indicated they had sufficient time to complete the PSI, including screening and assessment results, prior to sentencing. In addition to the screening and assessment results, typically summarized as a severity rating, the majority of probation staff indicated they also include family, employer, and criminal history information in the PSI to substantiate a substance abuse problem. Recommendations for treatment are usually indicated within the PSI, resulting from integration of all of this information.

Circuit court judges were asked to indicate how useful the screening and assessment information is for making decisions. Most (89%) indicated that this information is "moderately to very" useful to them in determining case dispositions in general. More than three-fourths indicated this information is "moderately to very" useful to them for integrating education and treatment with sanctions (76%) and determining if drug testing is ordered (72%). The information is reportedly less useful to circuit court judges in determining conditions of pretrial release, with only 65% reporting moderate to high utility.

The Education/Treatment Referral Process

DOC protocol does not specify who is responsible for determining treatment placement. Although judges and the Parole Board are typically responsible for ordering substance abuse treatment, through a review of screening and assessment results and information contained on the PSI, determination of type of placement is usually left to the discretion of the probation and parole district. To understand how this process occurs, supervising probation officers and CSACs were asked to describe the process for deciding which education and treatment services an offender under their supervision is recommended or referred to. Again, there was variability across districts, as Table 25 indicates. For instance, in five districts, the treatment placement decision is made by a team, typically composed of the CSAC and supervising officer; in two districts by CSB clinicians; in two districts by the supervising probation officer; in two by the CSAC alone; and in one district by the court. In at least one district, the district chief is also

involved in this decision-making process, particularly if residential placement is being considered to ensure placement decisions are appropriate and cost-effective.

Procurement of Services

Local probation and parole offices use local CSBs and DOC-approved vendors to provide substance abuse services. Many districts (10 of 12) use private providers for certain types of substance abuse services, typically including intensive outpatient and residential treatment. These vendors are selected and approved for use by the DOC through a competitive process. Responsible bidders are awarded a contract for a term of usually one year with renewals at the option of the agency. Currently, DOC has contracts with 14 private service providers for residential treatment services and 22 vendors for outpatient treatment services. According to district chiefs, however, local CSBs provide a much larger proportion of the available substance abuse services to probation and parole districts than do DOC-approved vendors, with many offices operating under a MOA with their local CSB.

Memoranda of Agreement

Of the 12 districts in the sample, only 9 reported having MOAs in place with their local CSB. Although 11 of 12 districts had MOAs in place prior to DSAT implementation, 2 districts have not renewed those agreements since the DSAT initiative became operational. According to chiefs from those districts, reasons for non-renewal included termination of specific education and treatment services and overall reductions in the amount of services provided by the CSB. Some of the provisions for service delivery outlined in each MOA are set forth in Table 26. As indicated, there is substantial variation across districts in the provisions for reporting requirements, delivery of services, financial terms, and cross-training.

Reporting Requirements: All districts with MOAs established reporting requirements, although there was some variation across districts as to what type of information is to be exchanged and the timeliness of this exchange.

Delivery of Services: Although all but two districts offer in-house services from the CSB, three districts offer in-house services but do not have a MOA in place outlining reporting requirements and financial terms. The type of services to be provided as outlined in the existing MOAs also varies slightly, although most districts offer psycho-educational groups, outpatient counseling, and relapse prevention groups. All districts with MOAs in place also require an evaluation or assessment at the time of intake as part of the treatment process.

Financial Terms: As indicated in Table 26, there is also substantial variation in terms of the cost of services and payment schedules. Additionally, several MOAs do not outline specific provisions for payment for services by offenders, while others do.

Cross-training: All but one MOA outline provisions for cross-training, although specific types of training and training dates are not specified.

Table 26: Terms Covered by Memoranda of Agreement Between Each District and CSB*

	1st - Richmond	2nd - Norfolk	3rd - Portsmouth	9th - Charlottesville	10th - Arlington	14th - Danville	18th - Norton	33rd - Warsaw	35th - Manassas
MOA prior to DSAT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Revisions to MOA since DSAT	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes
Designated staff to administer MOA	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes
In-house services	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Assessment at Intake	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Education	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Relapse Prevention	Yes	Yes	Yes	Yes	Yes	Yes	Not specified	Yes	Yes
Information Provided by CSB	Treatment plan, progress reports	Treatment plan, progress reports, discharge summary	Treatment plan, progress reports, discharge summary	Treatment plan, progress reports, discharge summary	Treatment plan, progress reports, monthly status reports, discharge summary	Monthly progress reports	Treatment plan, progress reports, discharge summary	Treatment plan, progress reports, discharge summary	Treatment plan, progress reports, discharge summary
Information Provided by Local CJ Program	Client information, probation violations, results of urinalysis	SSI and ASI results, positive drug screens, results of court dispositions and applied sanctions	Results of urinalysis	SSI and ASI copies, summary of correctional status, criminal history, instant offense, positive drug screens, results of court dispositions and applied sanctions	Treatment plan, copy of PSI, results of urinalysis	Results of urine screens, information for program admission as required by law	SSI and ASI results, positive urine screens, results of court dispositions and applied sanctions	SSI and ASI copies, summary of correctional status, criminal history and instant offense	SSI and ASI copies, summary of correctional status, criminal history, and instant offense, positive urine screens, results of court dispositions and applied sanctions
Contract Terms	Standard pay scale for clinician, administrative fee equal to 30% of clinician fee	$3,750.00 per month-treatment services and case management	Not specified	$36,718.00 full-time clinician; $80.00 per referral	Not specified	$15.00 per hour for services	$20.97 per hour plus a $254 workbook fee per person	$300.00 per group per week	$90.00 per evaluation; $3,515.50 per quarter per group
Payments to Provider Due	Quarterly	Monthly	Not specified	Quarterly	Not specified	Quarterly	Quarterly	Monthly	Quarterly
Invoice Due	Not specified	15th day of the next month	Not specified	5th day of following month	Not specified	5th day of following month	5th day of following month	10th day of following month	Not specified
Offender Payment	Not specified	Not specified	Not specified	Not specified	Sliding scale	$5.00 per group session	Not specified	Sliding scale	$7.50 per group session
Cross-training	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

*Probation and parole districts in Accomac, Lynchburg, and Rocky Mount do not currently have MOAs in place.

Of the nine districts with MOAs in place during the study period, seven district chiefs noted that revisions have been made to their respective MOAs since DSAT was implemented. Revisions were reportedly minor, including changes regarding cost of services and expansion of service provision.

MOAs are generally renewed annually at the DOC's central administrative office through a process of negotiation with treatment providers. Factors noted by district chiefs as being considered when MOAs are renewed included access to services, level of cooperation between treatment and probation staff, cost-effectiveness of services, and quality of treatment. Most chiefs noted that non-renewal happens very infrequently.

Exchange of Information with Service Providers

The DOC recognized that exchange of information between service providers and probation and parole districts is critical to making this initiative successful. Therefore, general reporting requirements are outlined in protocol requiring that written referrals for education and treatment services must be provided to the service provider on an as-needed basis. The referral information may include copies of screening and assessment instruments and findings; correctional status, instant offense and criminal history; records of behavior; prior treatment efforts and outcomes; emotional, physical or mental health information; and any other pertinent information held by the referring agency or representative. Prior to any exchange of information, a consent form to acquire and release confidential substance abuse and criminal history information must be explained to and signed by each offender. The specific exchange of this information is to be outlined in an agreement between each locality and the service provider.

To assess how well this exchange is taking place, probation and parole officers were first asked to describe what types of information they typically forward to service providers. Table 27 shows the percent providing each type of information.

Table 27: Types of Information Forwarded to Service Providers (DOC)

Type of Information	Percent Forwarding
Results from positive alcohol and drug tests	73%
Copy of signed consent form	72%
Prior substance abuse treatment information	63%
Instant offense and criminal history	60%
Results of court disposition and sanctions applied	59%
Written referral from court	56%
Emotional, physical, and/or mental health information	49%
Copies of SSI and ASI and/or scores	24%
Correctional status information	18%

As indicated, the most commonly reported types of information provided to service providers include results from drug tests, copies of signed consent forms, prior substance abuse treatment information, and instant offense and criminal history.

Exchange of Screening and Assessment Results

Although the provision of the screening and assessment information to service providers is essential for streamlining the referral process and reducing the number of times the assessment process is duplicated, less than one-fourth (24%) of DOC probation staff reported providing copies of SSI and ASI instruments and/or scores to service providers on a regular basis. When service providers receive no assessment information or just composite scores from the probation and parole district, rather than a copy of the full assessment, DMHMRSAS licensure requirements mandate completion of an assessment by the service provider, thereby resulting in an assessment process that is being duplicated by both agencies. To assess how often this is happening, CSB representatives, who provide substance abuse services to the probation and parole districts in the sample, were asked to describe this process. Of the six CSBs surveyed, all noted conducting assessments on offenders referred from probation and parole districts, even when these offenders had already been screened and assessed by probation staff. Of these, 5 of 6 reported conducting assessments in all new referrals. One of the primary reasons given for repeating the substance abuse assessment was the need to fulfill licensure requirements when the screening and assessment information provided by probation staff is incomplete or when a copy of the full assessment instrument is not provided to CSB staff. Other reasons mentioned included: 1) the perception on the part of CSB staff that the ASI, used by the probation and parole district, is not a diagnostic tool and is, therefore, not useful for determining level of treatment need and 2) the perception that the sheer volume of assessments completed by DOC probation staff impedes the accuracy of the information obtained during their assessment process. Additionally, several CSB representatives noted that the assessment process has been integrated into their intake procedures, making it difficult to separate the assessment information from other intake data.

Receipt of Information from Service Providers

Probation and parole officers and CSACs were also asked to report how often they receive individual treatment plans, periodic progress reports, and discharge summaries from service providers. Table 28 indicates the percent who reported receiving each type of information.

Table 28: Frequency of Information Received from Providers (DOC)

	Never	In Very Few Cases	In Some Cases	In Most Cases	In All Cases
Treatment plans	15%	27%	28%	20%	9%
Progress reports	6%	11%	19%	46%	19%
Discharge summaries	5%	10%	18%	47%	21%

Although treatment plans, progress reports, and discharge summaries are to be forwarded to probation staff routinely, according to probation and parole officers, this is not always happening. Despite this shortcoming, a high percentage of supervising probation officers (90%) and CSACs (100%) reported being "moderately to very" satisfied with the information received from service providers and its accuracy in reflecting progression through treatment. Additionally, all CSACs (9 of 9), who noted they are typically responsible for monitoring this exchange, reported receiving information from service providers in a timely manner.

Monitoring Service Providers

DOC representatives noted that the front line for monitoring service delivery has been with the individual districts that are receiving services. To determine how districts are monitoring service provision, district chiefs were asked to describe how service providers are monitored in three specific areas, including treatment quality, collaboration with their staff, and billing accuracy. Reportedly, treatment quality is monitored informally at the district level. Five of 12 chiefs noted they and their staff observe group sessions in person; other chiefs (2 of 12) reported regular meetings with providers to discuss pending issues and two chiefs reported speaking with offenders in person about satisfaction with and effectiveness of treatment. Of note, three district chiefs assumed monitoring was the responsibility of the DOC and reported having no formal or informal monitoring system in place. Collaboration with staff is also monitored informally through staff and CSAC feedback. The monitoring of billing accuracy, however, appeared to be done more formally, with the majority of chiefs reporting having administrative staff and CSACs track provision of services and payment history very closely to minimize over-billing.

Agency representatives also noted the role of the RCS in monitoring the quality of treatment services. Although this process has been more informal than formal, RCSs have been perceived as invaluable in assessing the type and quality of services available and verbally advising unit heads when issues arise that involve service delivery and the need to develop new services. As agency representatives noted, however, although informal monitoring systems appear to be in place, high workload diminishes staff opportunities to monitor services effectively.

Relationship with Service Providers

District chiefs were asked to describe their relationship with service providers in their locality. Although the majority (9 of 12) described their relationship with the local CSB as "good" or "excellent," three district chiefs noted a "poor" or "strained" relationship. One locality was experiencing difficulty accessing services from the CSB while another noted that the DSAT initiative, which has improved districts' ability to provide their own substance abuse services, has strained the relationship with the CSB in their locality. In general, relationships with private vendors were described as good.

Collaboration

District chiefs reported a high degree of collaboration among themselves, regional administrators, and RCSs. Specifically, 10 of 12 district chiefs reported collaborating with other district chiefs on issues related to DSAT, including defining the role of CSACs, screening and assessment processes and accompanying workload issues, and funding concerns. Discussions of these issues took place formally, at regularly scheduled unit head meetings, or informally, on an

as-needed basis. At quarterly regional meetings and informally, 7 of 12 district chiefs reported collaborating with their regional administrators on issues related to DOC protocol revisions, workload and funding concerns, and how to best utilize CSACs. Nearly all (11 of 12) reported exceptional collaboration with RCSs on issues related to staff training, protocol development and compliance with DOC protocol, and how to use the CSAC position. Technical assistance provided by the RCSs was reportedly provided informally in all cases.

IX: Department of Criminal Justice Services Community-Based Probation and Pretrial Services Implementation

This section examines how the Department of Criminal Justice Services (DCJS) implemented the DSAT initiative throughout the 37 Community-based Probation and 29 Pretrial Services programs it oversees. The information presented is based on the 17 sample programs and includes: 1) interviews conducted with agency representatives, program directors, and specialists, 2) surveys of probation officers and pretrial officers, and 3) document review.

Legislative Authority

Several sections of the *Code of Virginia* provide the authority for screening and assessment by CBP/PTS programs. Section 18.2-251 refers to those first-time offenders whose proceedings may be deferred by the court and who are placed on probation. Felons are to be screened pursuant to §18.2-251.01 while misdemeanants are to be screened pursuant to §19.2-299.2.

Section 18.2-251.01 mandates a court-ordered substance abuse assessment as a term or condition of probation, and as appropriate, the offender is to enter a treatment and/or education program. This section also requires all persons convicted of a non-capital felony offense who receives a suspended sentence of 12 months or less to undergo a substance abuse screening, and if indicated, a substance abuse assessment. If the assessment reveals a substance abuse problem, the court shall require the offender to enter a treatment or education program.

Section 19.2-299.2A addresses the requirements for conducting substance abuse screening and assessment of offenders convicted of Class 1 misdemeanors. This section requires the court to "order screening as part of the sentence if the defendant's sentence includes probation supervision by a local community-based probation program."

Section 19.2-299.2B requires the screening to be conducted by a local community-based probation program. If the locality does not operate such a program, screening is to be conducted by the local ASAP. Additionally, §19.2-299.2C provides for the assessments of those persons whose screening indicates a substance use or dependence problem.

Section 19.2-123B refers to the screening of pretrial defendants. In a jurisdiction served by a pretrial services program, the chief judge of the general district court must approve screening of defendants for substance abuse as part of the pretrial investigation. Defendants may be requested to voluntarily undergo the screening, provide a urine sample, or a take a breath test for the presence of alcohol. Test results may be used by the judicial officer only at a bail hearing and only to determine appropriate conditions of pretrial release, or to reconsider the conditions of pretrial release at a subsequent hearing. In no event shall the judicial officer have access to any screening or test result prior to making a pretrial release decision.

Development of DCJS Protocols and Local Operating Procedures

In July 2000, DCJS's Correctional Services Unit issued Protocols for Substance Abuse Screening, Assessments, Testing and Treatment for Local Pretrial Services and Community-based Probation Programs, developed to ensure that such activities are conducted pursuant to the above-referenced *Code* sections. The protocols outline the following:

- Purpose;
- Legislative authority;
- Procedures for screening and assessing offenders using the SSI and ASI; and
- Defendant and probationer confidentiality requirements under 42 Code of Federal Regulations Part 2.

Additionally, the protocols provide information regarding the model Memorandum of Agreement, Client Qualified Service Agreement, monthly reporting of screening and assessment activity by local programs, and substance abuse services definitions. Interviews with program directors revealed that the majority of them were made aware of their programs' responsibilities for screening and assessment through these written materials and additional memos from DCJS Correctional Services Unit. Some directors had learned about the DSAT initiative during workshops or conferences, while others followed the relevant legislation as it developed in the General Assembly.

A majority of programs (65%) developed written screening and assessment policies specific to their offices. Local policies were developed in accordance with DCJS protocol and information gleaned from the pilot phase, then tailored to fit within the current operations of each program. Most directors reported their local policy development to be a collaborative effort, involving their staff as well general district court judges. Local policies typically addressed the following:

- Procedures for identifying a case as one requiring screening;
- Determining when to conduct or refer a case for assessment;
- Collecting urine samples;
- Documenting results of screening, assessment, and urinalysis;
- Referring clients to substance abuse services; and
- Maintaining confidential substance abuse screening, assessment, and treatment information.

Evaluators collected local policies and operating procedures from 16 of the 17 sample programs.[7] To ascertain whether such information related to the initiative was made available, staff members were asked whether written policies and procedures were accessible for review during the screening and assessment process. Of those responding, 87% reported that written policies and procedures were accessible if needed.

[7] Pulaski/New River Valley Community Corrections did not supply the requested information for this review.

Training on State and Local Policies and Procedures

Specialists and local probation and pretrial officers were asked to describe the types of instruction they received on state and local policies and procedures related to the initiative. While eight respondents reportedly did not receive any training, the vast majority of respondents received instruction from a variety of sources, including agency-sponsored workshops, written materials, staff meetings, and in-service training. Further, 77% of respondents stated the instruction was "somewhat to moderately" sufficient in terms of preparing them to implement the initiative. When directors were queried as to the sufficiency of instruction provided to their staff on this topic, the majority concurred with the staff assessments, reporting the instruction as "somewhat to moderately" sufficient.

The Screening and Assessment Process in Local Community-Based Probation and Pretrial Services Programs

The Interagency Workgroup selected the Simple Screening Instrument (SSI) interview form, which encompasses a broad spectrum of behaviors and characteristics of substance use disorders, including consumption, preoccupation with drugs and/or alcohol, adverse consequences, problem recognition, tolerance, and withdrawal. The SSI also includes an Observational Checklist - a list of physical signs and symptoms that may be present in the individual being screened. A comprehensive assessment using the Addiction Severity Index (ASI) is the next phase in the evaluation of an offender's substance involvement, after initial screening indicates a likelihood of substance use, abuse, or dependence.

As each program is locally operated, there is much variation in program characteristics as well as responsibilities for screening and assessment throughout the sample. Table 29 illustrates these differences.

Table 29: Description of Community-Based Probation (CBP) and Pretrial Services (PTS) Characteristics Related to Screening and Assessment

Program Locality and Type	Multi-Jurisdictional	Number of Probation and/or Pretrial Officers	Average Caseload per Officer*	Number of Specialists	Who Conducts Screenings	Override SSI Result	Who Conducts ASI	Override ASI Result
Accomack CBP	Yes	1 PO	57	0	Probation Officer	Yes	Probation Officer	Yes
Alexandria CBP/PTS	No	2 PO 2 PT	35 PT* 100 CBP*	0	Pretrial Investigator Probation Officer	Yes	CSB	Yes
Arlington County PTS	Yes	3 PT	52	0	Pretrial Intake Officer	Yes	Pretrial Officer	Yes
Chesapeake PTS	No	4PT	44*	0	CSB staff in-house	Yes	CSB staff in-house	Yes
Fauquier CBP	Yes	4 PO	95	0	Probation Officer	Yes	CSB	Yes
Frederick CBP	Yes	2 PO	150	0	Probation Officer	Yes	Probation Officer	Yes
Fredericksburg PTS	Yes	7 PT	60	0	Pretrial Investigator	Yes	CSB	Yes
Halifax/Pittsylvania CBP/PTS	Yes	4 PO 2 PT	35 PT 50 CBP	0	Pretrial Officer Probation Officer	No	Private Provider	Yes
Hanover CBP	Yes	1 PO	90	0	Probation Officer	No	CSB	Yes
Henrico CBP	No	7 PO	110	0	Probation Intake Officer	Yes	CSB	Yes
James City County CBP/PTS	Yes	5 PO 1 PT	60 PT 150 CBP	1	Pretrial Investigator Probation Intake Officer	Yes	Substance Abuse Specialist	Yes
Lynchburg CBP	Yes	2 PO	110	0	Probation Officer	Yes	CSB	Yes
Mecklenburg County PTS	No	2 PT	55*	0	Pretrial Officer	Yes	CSB	Yes
Norfolk CBP	No	8 PO	200	0	Administrative staff assigned to Intake	Yes	Probation Officer	Yes
Pulaski CBP	Yes	9 PO	100	1	Probation Officer	Yes	Operations Specialist	Yes
Salem PTS	Yes	3 PT	55*	0	Pretrial Officer	Yes	No ASI on Pretrial Defendants	N/A
Wise County CBP	Yes	7 PO	100	0	Probation Officer	Yes	Private Provider	Yes

*According to DCJS' representative, respondents may have confused 'average caseload per officer' with 'program average daily caseload,' resulting in an overrepresentation of the average caseload per officer.

The Screening Process

All CBP/PTS programs sampled are using the SSI interview form, as protocol dictates, and the majority of survey respondents reported spending 10 minutes or less administering this instrument. Preliminary site visits by evaluators found there are instances in which a screening is conducted absent a court order or relevant offense *Code* requirement. Accordingly, local probation officers were asked if this occurs, and if it does, how often. The majority (75%) reported screening offenders absent a court order or *Code* requirement; 91% stated this happens at least "sometimes." When asked to report factors that might prompt them to screen an offender absent a court order or *Code* requirement, the following factors were mentioned:

- Self-report by client (46%);
- Nature of the instant offense (17%);
- Positive urine drug screen (17%); and
- Experiences/suspicions of probation officer (7%).

Unlike local probation officers, a majority of pretrial officers reported that they do not screen defendants without a court order or relevant offense. It is important to note that defendants are not mandated by *Code* to be screened for substance abuse prior to placement on pretrial supervision. Rather, DCJS protocol states that screening of all defendants prior to the initial appearance in court is required, to the extent possible, if the program has been approved by the chief general district court judge. However, the underlying presumption of innocence allows defendants to voluntarily submit to the substance abuse screening or to refuse, even if they have agreed to the pretrial investigation. Once placed on supervision though, a defendant is subject to random urinalysis as well as substance abuse screening and assessment as part of the terms of pretrial release.

DCJS protocol does not specify a time period during which a pretrial defendant or local probation client must be screened. One SAS stated that local policy prescribes the length of time for screening probation clients as within 30 days of admittance to the program. Local probation officers reported that screening is typically conducted at intake or during the offender's second appointment.

Although DCJS protocol specifies only the SSI score as the determining factor for proceeding with a more thorough assessment, 70% of respondents said information about the offender is available to them prior to administering a screening, and 62% do review this information. When asked why this review is conducted, the most common responses were to get background information on the client and to verify the client's truthfulness.

Additionally, collateral information is relied upon when deciding to override the SSI score and submit the offender to a full assessment, according to 51% of all respondents. Surveys demonstrated that local probation officers are much more likely to override the SSI score than pretrial officers - nearly 3 times as likely.

When the decision is made to override the SSI score, the override is triggered by the following factors, reported consistently across both CBP and PTS programs:

- Positive urine drug screen (63%);
- Criminal history (30%); and
- Declaration made by an offender (23%).

Further, it is to be expected that items on the SSI Observational Checklist would also be considered when making override decisions. Indeed, though no definitive information dictates how these items are to be weighted, the presence of one or more checklist items might prompt the screener to override the low numeric score in favor of a more thorough assessment.

The Assessment Process

Conducting an assessment of an offender's substance involvement requires a significant time investment. The ASI covers seven domains, and surveys demonstrated that program staff spend between 60 and 90 minutes administering the instrument to each client. Unlike DOC and DJJ, DCJS did not use SABRE funds to create Substance Abuse Specialist (SAS) positions, nor did they require programs to designate certain staff as primarily responsible for assessments. Consequently, only two local probation programs in this sample have dedicated staff; one is a Certified Substance Abuse Counselor (CSAC), the other is an Operations Specialist. Additionally, a majority of programs (59%) reported contracting for assessment services with either their local CSB or with private providers.

All outside assessments are reportedly conducted using the ASI, although one contractor supplements the ASI with another instrument. Programs conducting assessments in-house are following DCJS protocol, using the ASI as the sole assessment instrument. Urinalysis is a routine part of the assessment process according to the majority (57%) of respondents.

The entire ASI, including the General Information page, is reportedly administered in all programs, although only the higher of the drug and alcohol scores are used to make referral-to-services decisions. One local probation program reported using a computerized version of the ASI. The program director reported no problems with this method, stating it was more efficient than written assessments, and allowed the program to generate some statistical data regarding their clients.

DCJS protocol specifies that assessments shall be conducted within 15 days of a defendant's placement on pretrial supervision, or 30 days following an offender's placement on local probation. Accordingly, respondents were asked when the assessment is typically completed. A majority of pretrial officers (59%) reported that assessments are completed within the required 15-day period, while 69% of local probation officers reported that offenders are being assessed within the required 30 days.

While there were very few program staff who were responsible for assessment tasks throughout the sample sites (8 respondents), they unanimously reported that client information is available to them prior to conducting the assessment, and most of them do review this information to learn the client's background and to verify their truthfulness. However, one respondent reportedly

does not review any collateral information prior to the assessment because it would affect objectivity.

The majority of program staff responsible for assessments reported that they do override the ASI's drug or alcohol result and refer a client to substance abuse services; and this decision is typically based on a positive urine drug screen, the offender's criminal history, prior drug charges, and other background information (e.g., employment status).

Reporting Requirements to Court

Because a large amount of information is gathered during the screening and assessment of offenders, evaluators asked program staff if there was enough time to complete the process and prepare thorough reports for the court. Pretrial officers typically screen defendants prior to their initial appearance in court, usually the next available court day, though assessment is generally postponed until the defendant is placed on supervision. Nevertheless, 71% of pretrial officers reported having enough time to complete the process in a timely manner.

In contrast, local probation clients are typically not screened or assessed before final disposition, since all placements are direct following sentencing. Since the client has already been to court, there typically is no report to prepare. When the court does order a report, 91% of local probation officers stated they typically have enough time to complete the screening and assessment process and prepare a thorough account.

When asked if additional information is added to the report to indicate substance involvement, surveys revealed that pretrial officers typically add collateral information discussed previously. In contrast, local probation officers generally include a prior history of drug arrests only. Accordingly, judges were asked to describe how useful this information is for decision-making. The majority of general district court judges reportedly felt the screening and assessment information was "moderately to very" useful when integrating treatment with sanctions (80%), determining the frequency of urine drug screens (73%), and when determining case dispositions in general (58%). Additionally, 65% of general district court judges found the information to be "moderately to very" useful when determining conditions of pretrial release.

The Education/Treatment Referral Process

In the majority of CBP/PTS programs, the staff member supervising the offender is primarily responsible for determining needed substance abuse services, unless there is a SAS on staff. There are some occasions, however, when particular referrals are discussed between the supervising probation officer, treatment service provider, and the SAS, if applicable. It is during these staffings where particular treatment needs are discussed in relation to available services and funding. Some programs also rely on the court's order for a specific service. It must be noted, however, that referrals to treatment services are infrequent in pretrial services, as the defendants are under supervision for a relatively brief period - an average of 62 days for misdemeanants; 93 days for local-responsible felons.

Procurement of Services

The model Memorandum of Agreement (MOA) developed by the Interagency Workgroup is being used in 7 of the 17 sample sites; an additional four programs have MOAs with their local Community Services Boards (CSB) but have not utilized the model MOA. Six programs had agreements with their local CSB prior to the DSAT initiative. Renewal typically involved meetings between program directors and CSB representatives to discuss issues that might have arisen during the previous agreement period, to make adjustments to service provision, and to discuss costs. Treatment quality and collaboration with program staff were additional factors reportedly considered during MOA renewal.

There is substantial variation in the characteristics of the programs' agreements. Specifically concerning the continuum of services to be provided, comparisons between the ten available MOAs revealed that, while nine of these agreements provided for therapeutic group counseling, few programs had access to basic substance abuse education (3), individual counseling (4), and intensive outpatient treatment (5). [8] Only one program had access to aftercare services or a halfway house.

Further, the majority of agreements did not specify particular reporting requirements. While some MOAs provided for individual treatment plans (6), attendance notification (8), and notification of positive urine drug screens (4), many agreements had no provisions for progress reports (6) or discharge summaries (5). These characteristics were evidenced throughout the programs, and are illustrated in greater detail in Table 30.

[8] Pulaski/New River Valley Community Corrections did not submit a copy of their MOA with the local CSB and is therefore not included in Table 30.

Table 30: Terms Covered by Memoranda of Agreement Between Each CBP/PTS Program and CSB

Detail of Terms: CSB	Ches PTS	Fredbg PTS	Salem PTS	Alexandria CBP/PTS	Fauq CBP	Han CBP	Henrico CBP	Lynch CBP	Norfolk CBP	Wise CBP
Number part-time staff for CBP/PTS clients only				1						
Hours per week in direct service delivery to CBP/PTS clients				9.5						
Assessment services using ASI		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Drug/alcohol screening - urinalysis		Yes						Yes	Yes	
SA Education					Yes		Yes		Yes	
Individual counseling		Yes		Yes				Yes	Yes	
Group counseling	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Intensive Outpatient Program (IOP)	Yes	Yes	Yes					Yes	Yes	
Short-term detox/medically managed	Yes	Yes							Yes	
Long-term detox/medically monitored		Yes							Yes	
28-day residential SA tx		Yes						Yes	Yes	
90-day halfway house		Yes								
Aftercare program		Yes								
Psychiatric evaluation as needed		Yes								
Medication monitoring by RN or MD as needed		Yes								
Provide transportation to tx for clients who need it	Yes									
Receipt of referral within X days	5		5			5	5			
Individualized tx plan	Yes	Yes	Yes			Yes	Yes	Yes		
Provide purchasing agent a summary of each assessment, ASI scores, and tx recommendations	Yes								Yes	
Monthly progress reports	Yes			Yes				Yes		
Quarterly progress reports			Yes							
Attendance notification within	24 hrs	2 days	5 days			24 hrs	24 hrs	24 hrs	Not specified	1 week
Positive drug screen notification within	24 hrs	2 days				24 hrs	24 hrs			
Discharge summary within 10 days	Yes	Yes				Yes	Yes	No time specified		
Maintain statistical data	Yes					Yes	Yes	Yes		
Designated staff for administering MOA	Yes			Yes		Yes	Yes			
Work with CBP/PTS to design program evaluation				Yes						
Invoices submitted for each billing period	w/in 5 days				w/in 45 days		w/in 5 days			by the 15th

Table 30: Terms Covered by Memoranda of Agreement Between Each CBP/PTS Program and CSB

Detail of Terms: CBP/PTS	Ches PTS	Fredbg PTS	Salem PTS	Alexandria CBP/PTS	Fauq CBP	Han CBP	Henrico CBP	Lynch CBP	Norfolk CBP	Wise CBP
Provide copy of SSI screening results	Yes	Yes		Yes		Yes	Yes	Yes	Yes	
Provide urine drug screening	Yes									
Provide results of drug/alcohol screening to tx provider	Yes	Yes				Yes	Yes			
Participate in case staffing	Yes					Yes	Yes	Yes	Yes	
Provide summary of client's criminal history	Yes			Yes		Yes	Yes	Yes		
Provide summary of client's instant offense and correctional status	Yes			Yes		Yes	Yes	Yes		
Provide summary of client's court disposition				Yes		Yes	Yes	Yes		
Provide summary of client's alcohol/SA history			Yes					Yes		
Provide information on client's psychiatric history			Yes					Yes		
Provide notice of client's termination in PT program, or transfer to other program or jail			Yes					Yes		
Provide results of any sanctions applied	Yes					Yes	Yes			
Provide office space for SA counselor	Yes			Yes						
Designated staff for administering MOA	Yes			Yes		Yes	Yes			
Conduct periodic reviews and audits of services				Yes			Yes	Yes		
Cross-training stipulated in MOA	Yes					Yes	Yes			
Contract price (full year)	35,600	60,000	45,347	38,740	24,844	19,431	72,020	Not Specified	40,394	Not Specified
Paid Monthly (M) or Quarterly (Q)	Q	Q	M	Q	M	Q	Q	Not Specified	M	M

Some programs (5) contract for services with private providers. Licensed Professional Counselors or other credentialed professionals are used to conduct assessments as well as deliver substance abuse education, therapeutic groups, and individual counseling. Some directors felt it was more cost effective to contract with a private provider than enter into an agreement with the local CSB. Two directors reportedly felt that, since their offenders were already eligible for CSB services, it made better sense to use their SABRE allocations to access services the typical clients could not afford on their own.

Only one sample program offers in-house substance abuse services, an education group delivered by the SAS. Two programs have services in development. One program is working on an education group for underage drinkers (purported to start July 2002); the other program has submitted a proposal to the chief judge for a transitional group to include the impact of drugs on crime and family relationships. However, it is unknown whether plans were continued in the wake of SABRE funding cuts.

Exchange of Information with Treatment Service Providers

In an effort to promote a high level of collaboration between staff and service providers, DCJS protocol, the model MOA, and local office policies outline specifics for sharing information about offenders receiving services. Specifics include the Consent for the Release of Confidential Information, which must be signed by the offender at the time of screening, and case management activities, such as the development of individual treatment plans, monthly progress reports, attendance and urine drug screen notification, and discharge summaries.

To assess how well the exchange of information is working, SASs, local probation and pretrial officers were first asked to report the types of information they typically forward to the treatment provider. Table 31 demonstrates the percentage of those reportedly forwarding each type of information.

Table 31: Types of Information Forwarded to Service Providers (CBP/PTS)

Type of Information	Percentage of Program Staff Forwarding
Signed consent to release confidential information	91%
Written referral to services	77%
Copies of SSI and ASI and/or scores	58%
Previous substance abuse treatment information	55%
Results of court disposition and any sanctions applied	41%
Criminal history, correctional status, instant offense	30%

As indicated in Table 31, the most commonly reported types of information forwarded to treatment providers included signed consent forms, written referrals, screening and assessment results, and the client's previous substance abuse treatment information.

Exchange of Screening and Assessment Results

The provision of screening and assessment information to treatment service providers is an essential component of an effective referral process. As such, a majority of local probation and pretrial officers reported forwarding copies of the screening and assessment instruments and/or scores to treatment providers on a regular basis. When treatment providers do not receive copies of full screenings and assessments, or if they receive only composite scores, DMHMRSAS licensure requirements mandate completion of an assessment. This results in duplicative efforts by both the local probation and pretrial services program and the CSB. To examine how often this occurs, CSB representatives were asked to discuss the process of receiving offenders from the local programs. Of the 11 CSBs providing services to adult misdemeanants within the sample localities, 10 reported conducting assessments on all local program referrals, even when screening and assessment had been conducted previously by program staff. According to CSB representatives, the primary reason for conducting the additional assessment is that the ASI is not considered a diagnostic tool. Additional reasons reported by CSB representatives included: 1) local probation and pretrial staff are seen as 'police,' therefore offenders may be more open with CSB staff, resulting in a more valued assessment, and 2) CSB assessments add to the information already provided by the local programs.

Receipt of Information from Treatment Providers

SASs, local probation and pretrial officers were also asked to report how often they receive individual treatment plans, monthly progress reports, and discharge summaries from treatment providers. Table 32 indicates how frequently each type of information is received.

Table 32: Frequency of Information Received from Providers (CBP/PTS)

	Never	In Very Few Cases	In Some Cases	In Most Cases	In All Cases
Individual Treatment Plans	11%	20%	15%	21%	33%
Monthly Progress Reports	9%	15%	12%	42%	21%
Discharge Summaries	6%	14%	9%	28%	43%

Clearly, there is some opportunity to improve collaboration between program staff and treatment providers, as the two previous tables illustrate a lack of consistency in the type and frequency of information shared.

SASs, local probation and pretrial officers were asked to rate their satisfaction with the information they receive from treatment providers on a scale of 1 to 5, with 1 being "Not Very Satisfied" and 5 being "Very Satisfied." Respondents were asked to base their rating on how sufficiently the information reflects the client's progression through treatment. Analysis revealed an average rating of 3.8. When asked if there was information treatment providers could share that might assist with client supervision, many respondents suggested reports on the client's level of participation in treatment, and the client's attitudes and behaviors during treatment. One-third of respondents stated they did not want any additional information from providers.

Monitoring Service Providers

DCJS protocol does not address how programs are to monitor compliance with MOAs. Accordingly, program directors were asked how they oversee treatment quality, collaboration with program staff, and billing accuracy. Regarding treatment quality, the majority of local program directors review provider reports as the primary monitoring method, although there is no uniform procedure for file review. Additionally, a large portion of the sample programs (41%) rely on client feedback, obtained through formal, post-treatment surveys. This allows for some consistency in the manner in which information is collected, while affording the client an opportunity to be heard as the consumer.

When asked about information sharing between treatment providers and program staff, the majority of directors reportedly rely on staff feedback as their primary monitoring tool. Therefore, if a probation or pretrial officer does not bring an issue to the director's attention, it is assumed the collaborative process is adequate. Other directors meet regularly with treatment providers, or communicate through phone calls and emails.

Overall, the majority of program directors described their relationships with their local CSB as "satisfactory," with few problems encountered. One program has continually experienced billing errors, and despite an increase in communication with the CSB, the problem has yet to be resolved after nearly 12 years. All programs referring offenders to private treatment providers are pleased with their working partnerships, and these directors reported no problems.

Collaboration

The DSAT initiative is a major undertaking involving many participants across several state agencies, providing opportunities to collaborate on many fronts. Consequently, program directors were asked if they engage in any collaborative activities with other programs, DCJS Correctional Services, and within their communities.

Most directors reported frequent communications with other program directors during meetings, phone calls, and through e-mails. Directors share information regarding policy development, substance abuse service provision, funding, confidentiality issues, and staff development.

During the close of their interviews, most program directors expressed favorable comments regarding the support they received from DCJS Correctional Services Unit. Specifically, it was reported that the Criminal Justice Programs Manager responded promptly to requests and provided an abundance of written materials to assist with implementation.

A large majority of program directors reported being involved in community organizations that focus on substance abuse issues within the general and offender populations. This involvement has led to greater awareness of substance abuse issues and opportunities for positive networking experiences.

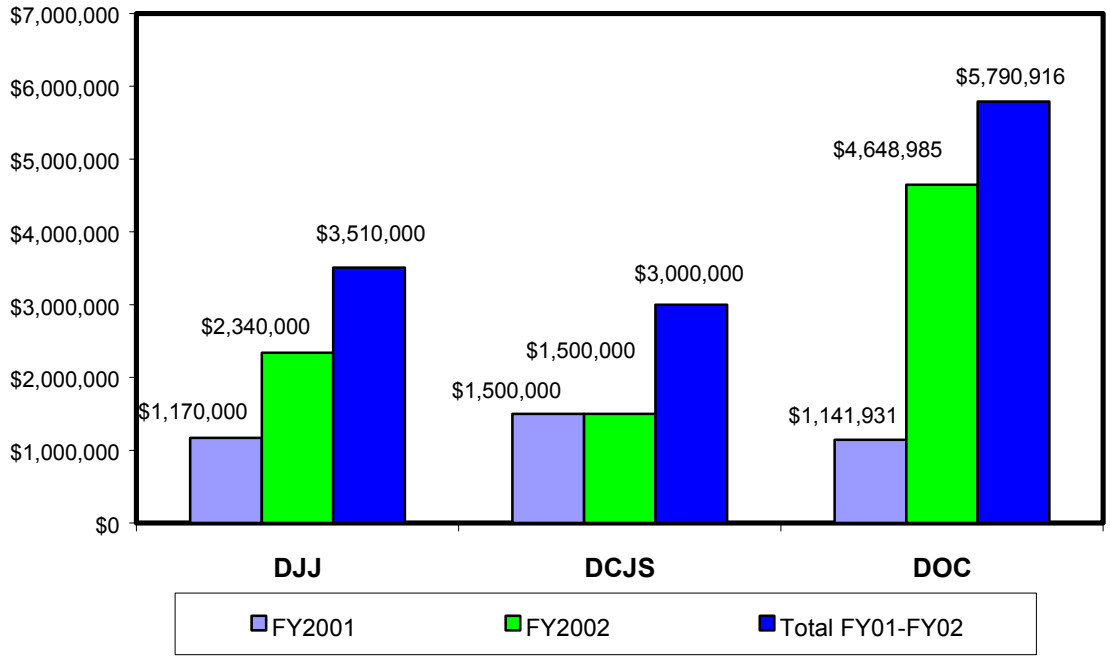
X: Integration of SABRE Funds and Supplemental Funding Sources

Initially, the DSAT initiative did not include additional resources for providing substance abuse education or treatment services. The introduction of the Substance Abuse Reduction Effort (SABRE), enacted by the General Assembly in 1999, supported this need to a large extent. SABRE, a three-dimensional program of enforcement, treatment, and prevention that targets drug dealers, as well as casual and chronic drug users, built upon the DSAT legislation in two important ways. First, SABRE mandated that every first-time adult and juvenile drug offender undergo appropriate alcohol and drug testing and subsequent treatment based on the results of the screening and assessment. Second, SABRE provided funding for treatment services that was not included under the DSAT legislation. Both the legislation and funding components of SABRE became effective July 1, 2000.

Distribution of SABRE Funds to State Agencies

A total of approximately $12.3 million in SABRE funds was distributed to DJJ, DOC, and DCJS during FY 2001 and FY 2002 from general funds to provide substance abuse treatment services for drug-involved offenders as part of SABRE. Figure 2 shows the specific amounts distributed to DJJ, DOC, and DCJS. The Commission on VASAP did not receive any SABRE funds.

Figure 2: SABRE Funding FY 2001 - FY 2002



As noted, during the 2000-2002 biennium, DJJ received an appropriation of more than $3.5 million, DCJS received $3.0 million, and DOC received an appropriation of nearly $5.8 million as a result of SABRE.

SABRE funds were distributed by agencies and utilized by local programs in different ways. DOC, for example, distributed SABRE funds to regional administrative offices for disbursement to probation and parole districts on an as-needed basis. As DOC district chiefs reported, not all localities received SABRE funds, with only 10 of 12 districts in the sample receiving SABRE monies. These funds were reportedly used to pay for general and residential treatment services, drug testing, and to pay for CSB clinicians and CSAC positions. All DJJ CSUs in the sample reported receiving SABRE funds, although there was some variation across localities in how these monies were disbursed. While all nine CSUs reported using SABRE funds for treatment services, five used these funds to pay for services provided by the local CSB through a MOA, one disbursed this money to private providers through a fee-for-service agreement, and three localities paid both CSBs and private providers with these funds. All DCJS-administered CBP/PTS programs in the sample reported receiving SABRE funds. Program directors noted using these funds for a variety of purposes, including drug testing and laboratory confirmation, staff training on screening and assessment issues, in-house staff to conduct assessments and facilitate groups, specialized staff and other paid consultants to conduct assessments, part-time pretrial investigators, specialized substance abuse programs, general substance abuse treatment services, and provision of services at local CSBs.

Impact of Elimination of SABRE Funds

During the 2002 legislative session, the General Assembly eliminated the SABRE initiative and its funding provisions, resulting in large-scale reductions in monetary support for treatment services. These budget cuts became effective on July 1, 2002. At the statewide level, agency representatives described the loss of SABRE funding as highly problematic for the continued administration of the DSAT initiative. Projected impacts from the loss of SABRE funds as well as possible agency strategies for responding to these reductions, as discussed by agency representatives, are summarized below.

DJJ

DJJ's representative noted impacts from losing SABRE funds that included reductions in the agency's ability to match treatment need with appropriate treatment modalities, reduced intensity and duration of treatment, increased use of direct pay by offenders to providers, increased waiting lists for treatment, and inability to serve all offenders needing treatment. DJJ's representative noted that the agency will likely respond to the loss of SABRE funds through the redistribution and better utilization of existing treatment resources, agency budget amendment recommendations, and by modification of substance abuse policies and procedures to reflect service delivery alternatives.

DOC

DOC's representative noted the following impacts from losing SABRE funds: frozen position vacancies; reduced assessment, drug screening, and treatment service capacity; reduced support for Drug Court programs; reduced services for dual diagnosis cases; and reduced Day Reporting Center capacity. As noted by DOC's representative, possible strategies to minimize these impacts include prioritization of high-risk offenders and those offenders undergoing presentence investigations, focusing resources on statutorily mandated services, prioritizing outpatient and

group therapy, strictly limiting residential services, greater reliance on non-DOC services such as AA and NA, and reduced length of stay in treatment.

DCJS

DCJS' representative noted impacts on local CBP/PTS programs from losing SABRE funds that included lessened ability to conduct assessments as more than half of local programs had these services provided by local CSBs, reduction in ASI training for new staff, and increased use of direct pay by offenders to providers. As noted by DCJS' representative, possible strategies for responding to this funding loss include re-examination of the value of continued screening of pretrial defendants, examination of whether a modified or simplified instrument can be used for both screening and assessment of local-responsible offenders, examination of alternative funding sources for treatment for offenders under local probation, and examination of treatment alternatives designed for programs with high placement volume and offenders with short periods of supervision.

Impact of Elimination of SABRE Funds in Local Programs

Evaluation staff asked program directors to discuss the impact of the loss of SABRE funds on their ability to continue implementation of the DSAT initiative. The majority of administrators across all agencies described the impact as "tremendous" and "significant." More specific impacts mentioned are highlighted below.

- Reduced ability to conduct drug testing;
- Loss of specialized positions such as CSACs/SASs, RCSs, and relapse prevention specialists;
- Loss of consultants to conduct assessments, particularly in CBP/PTS programs;
- Loss of in-house services formerly provided by CSB staff paid for with SABRE funds;
- Reductions in affordable substance abuse education and treatment services for offenders with limited access to financial resources;
- Reductions in availability of intensive outpatient and residential treatment services; and
- Changes in sentencing practices as judges become increasingly frustrated with the lack of available treatment options.

In general, directors noted that these impacts are likely to result in more referrals for treatment to CSBs with resultant increases in length of waiting time and, among localities with a CSAC, more in-house groups being conducted by CSACs. These impacts will shift the responsibility of conducting assessments to probation staff and will likely have detrimental effects on workload, staff morale, and quality of offender supervision. Although many directors acknowledged their localities would continue conducting screenings and assessments, several noted that the screening and assessment process is essentially useless with no treatment infrastructure in place to support the process.

At the CSB level, representatives were also asked to discuss the impact of losing SABRE funding. Even though CSBs did not receive SABRE funds directly, but rather indirectly through criminal justice agencies, nearly all representatives (85%) noted significant impacts. These included reductions in services specifically for juveniles, particularly intensive outpatient

services; reductions in intensive outpatient and residential services generally; loss of SABRE-funded staff positions; and increased length of waiting time for service delivery.

In general, the impact of losing SABRE funding will significantly impact each agency's ability to provide substance abuse screening, assessment, and treatment services. This is particularly problematic because screening and assessment statutory requirements remain in the *Code*, and local criminal justice programs are, therefore, mandated to conduct screenings and assessments despite shrinking staff and monetary resources. Several agency representatives made suggestions for addressing this issue, including: 1) simplifying the screening and assessment process so that CSAC/SASs are more widely available to provide treatment, 2) examining the utility of continuing to use the approved screening and assessment instruments given their cost in terms of time and staff resources, and 3) elimination of the collection of duplicative information for offenders under supervision, including the information collected by risk assessment tools, social history/presentence investigation reports, and substance abuse screenings and assessments.

Supplemental Funding Sources

In addition to the appropriations received from the Drug Offender Assessment Fund (DOAF) and SABRE, agencies also receive funding from supplemental sources in order to provide substance abuse assessment and treatment services for offenders. DJJ, for instance, currently receives federal grant funds in the amount of $995,540. DJJ has utilized these funds to pay for 16 senior probation officer positions (SASs), three regional clinical supervisors, and the state portion for three probation officers in locally-operated court services units. This grant is scheduled to expire on June 30, 2003, resulting in the employment termination of 22 staff, including over one-half of the agency's cadre of qualified personnel for the screening and assessment process and elimination of staff clinical supervision and field technical assistance capabilities. This loss of funds will seriously compromise the agency's ability to provide oversight of DSAT screening and assessment procedures.

Likewise, funding from supplemental sources had bolstered DOC's ability to provide screening, assessment, and treatment services to offenders supervised by probation and parole districts as well as those incarcerated in state correctional institutions. Aside from general funds in the amount of $2.75 million for substance abuse treatment, DOC also received nearly $1.4 million in FY 2002 for peer support and relapse prevention services as well as for residential transitional therapeutic communities (TCs). These funds were used to support 15 peer support and relapse prevention specialists and 23 TC staff. Additionally, grant funds in the amount of $816,000 were received by DOC in FY 2002 and used for general and residential treatment services. Unfortunately, at the beginning of FY 2003, these sources of supplemental funding (both general and grant funds) were eliminated as part of statewide budget reductions. These reductions, together with the loss of SABRE funds in FY 2003, have severely undermined DOC's ability to conduct screenings and assessments and provide substance abuse education and/or treatment services.

XI: Impressions of DSAT Implementation

To gain a better understanding of how well the initiative has been implemented at the local level, evaluators asked probation staff, judges, CSACs/SASs, program directors, and CSB representatives to comment on the following issues[9]:

- How well the DSAT initiative has been implemented in localities, including benefits, problems, and current issues;
- Effectiveness of the screening and assessment process in identifying substance-involved offenders and level of treatment need; and
- Observed changes in the number of offenders identified as being substance-involved and referred for substance abuse services.

Agency representatives and Workgroup members were also surveyed to elicit perceptions at the state agency and statewide level, respectively, including impressions of how the DSAT initiative has been implemented and any resulting benefits. In addition, Workgroup members were asked to report the most serious issues currently facing the DSAT initiative.

Perceptions of How Well DSAT Has Been Implemented

Probation staff, program directors, and judges were asked to rate how well the DSAT initiative has been implemented in their locality. Approximately 90% of respondents indicated the process has been realized "moderately to very" well. Probation staff from all agencies, however, tended to rate implementation less favorably than either CSACs/SASs or local directors. Among judges, general district court judges viewed implementation somewhat less favorably than either J&DR court or circuit court judges (77% vs. 100% and 95%, respectively).

Benefits From DSAT Implementation

Reports of benefits from implementation of the DSAT initiative across agencies were somewhat inconsistent. Although 83% of DJJ staff and 71% of CBP/PTS probation staff reported benefits from implementation, only 45% of DOC staff reported likewise. Probation staff from all agencies were less likely than CSACs/SASs and program directors to report benefits. Judges were generally positive about the initiative with 72% of circuit court, 87% of general district court, and 100% of J&DR court judges noting benefits.

Those indicating benefits were also asked to describe the specific improvements they observed. Table 33 describes the most commonly reported benefits.

[9] CSB representatives were only asked to describe benefits and problems related to implementation and whether the number of referrals for substance abuse treatment from local criminal justice programs has increased.

Table 33: Benefits from DSAT Implementation

Benefit	DJJ	DOC	CBP/PTS	Judges
Identifying more offenders with substance abuse problems	X	X	X	X
Improved awareness of substance abuse problems	X	X		X
Improved availability of treatment services; decreased waiting lists	X	X	X	X
Improved collaboration with service providers			X	
Enhanced supervision capability by providing more information to probation staff	X		X	X
Improved information to be used by the judiciary in decision-making	X	X	X	X
Improved funding for services and supplies			X	X
Improved ability to provide clinical supervision	X	X	X	

In general, the benefits reported by most respondents included: 1) identifying more offenders with substance abuse problems; 2) improved awareness of substance abuse problems, particularly among probation staff; 3) improved availability of treatment services; 4) enhanced supervision capability; 5) improved information for judges to use in sentencing; and 6) improved ability to provide clinical supervision as a result of filling CSAC/SAS positions.

Agency representatives and Workgroup members were also asked to rate how well the initiative has been implemented at the agency and state levels, respectively. All agency representatives, as well as 7 of 8 Workgroup members, felt it was implemented "moderately to very" well. Specific agency benefits are noted below:

> ***DJJ:*** Improvements in the agency's ability to accurately identify the substance-abusing population, provide more substance abuse services, and provide more appropriate services to this population. The agency representative noted that although screenings and assessments were being conducted prior to DSAT, implementation has resulted in a more efficient process that is identifying more offenders;
>
> ***CBP/PTS:*** Improvements in awareness of federal confidentiality requirements;
>
> ***DOC:*** Improvements in the agency's ability to identify substance-abusing offenders, establishment of consistency in the screening and assessment process, and improved ability to quantify the number of offenders with substance abuse issues; and
>
> ***VASAP:*** Benefits resulting from standardization of the screening and assessment instruments.

Workgroup members also reported the aforementioned benefits of improved ability to identify substance-involved offenders, increased knowledge of substance abuse problems, increased availability of substance abuse services, and improved types of information available to members of the judiciary. They also reported a few additional benefits, specifically:

- Improved collaborative efforts between treatment providers and criminal justice personnel, and
- Enhanced structure and validity in an informal decision-making process.

CSB representatives were also asked to discuss observed benefits from DSAT implementation. Although 4 of 22 representatives noted no benefits, the majority described numerous benefits, including:

- Improved collaboration and strengthened relationships between CSBs and local criminal justice agencies;
- Enhanced coordination and continuum of services, particularly for juveniles;
- Increased number of offenders referred for treatment and receiving services; and
- Increased standardization of the screening, assessment, and referral process.

Additionally, two CSB representatives believed the initiative was resulting in more positive criminal justice outcomes (i.e., fewer offenders re-entering the system).

Problems in Implementing the DSAT Initiative

Approximately one-third of DJJ, DOC, and CBP/PTS probation staff reported problems in the implementation process (36%, 34%, and 28%, respectively). Program directors were somewhat more likely to indicate problems than either CSACs/SASs or probation officers. Judges generally reported few implementation problems, with only 6% of circuit court, 10% of general district court, and 14% of J&DR court judges noting problems. Table 34 summarizes the types of problems reported by these respondents. In general, the problems reported by most respondents included: 1) increased workload and paperwork, 2) poor validity of screening and assessment instruments, and 3) resistance from probation staff.

Table 34: Problems Encountered in DSAT Implementation

Problems	DJJ	DOC	CBP/PTS	Judges
Poor communication between service providers and criminal justice staff	X		X	
Increased workload and paperwork	X	X	X	X
Inadequate funding			X	
Poor validity of instruments; inadequate at identifying substance-involved offenders		X	X	X
Inadequate communication with and support from agency administration		X		
Resistance from probation staff	X	X	X	
Duplication of data collection	X	X		
Inadequate training			X	
Poor coordination with judges and clerks	X			

Additionally, CSB representatives were asked to discuss problems encountered in coordinating services with local criminal justice programs. Although the majority reported no problems, the types of problems described were typically locality-specific and included: 1) logistical problems such as inadequate office space, lack of transportation, not enough staff to cover a multi-jurisdictional area, and staff turnover; 2) differences in approaches to treatment between CSB staff and criminal justice staff; and 3) inconsistencies in information sharing across probation staff and criminal justice agencies.

Current Issues in Administering the DSAT Initiative

Agency representatives were asked to identify the most serious issues currently facing their agencies related to DSAT. Representatives from DJJ, DOC, and DCJS described loss of SABRE funding as the most serious issue. All expressed concern with the impact of funding reductions on their agency's ability to provide treatment, drug testing, and staff training, as well as the impact of eliminated positions and hiring delays. Additionally, VASAP's representative noted the low number of DSAT-identified offenders being screened and assessed by local programs and questioned VASAP's continued participation in the initiative.

Workgroup members were asked to identify the most serious issues facing the DSAT initiative at the state level. Like agency representatives, a primary concern was the lack of funding to support treatment services.

Other responses included:

- Maintaining consistency in protocols across the state and how they are used;
- Insufficient leadership from the Secretary of Public Safety's office;
- Lack of probation staff support of the screening and assessment process;
- On-going collaboration between member agencies;
- Workload demands as the initiative continues to grow; and
- Encouraging courts to use this information in decision-making.

Effectiveness of the Screening and Assessment Process

As indicated in Table 35, the majority of respondents described the screening and assessment process as "moderately to very" effective at identifying substance-involved offenders and level of treatment need. Across all agencies, probation staff were slightly less positive about the effectiveness of the process overall. Additionally, probation staff and directors from both DOC and CBP/PTS were somewhat less likely than DJJ staff to describe the process as effective. Among the judiciary respondents, circuit court judges viewed the screening and assessment process as somewhat less effective than either their general district court or J&DR court counterparts.

Table 35: Effectiveness of the Screening and Assessment Process

	DJJ	DOC	CBP/PTS	Judges
Identifying Substance-involved Offenders	91%	63%	72%	87%
Identifying Level of Treatment Need	91%	66%	65%	91%

Observed Changes in Number of Offenders Identified and Referred for Services

Table 36 shows the percent of agency staff and judges reporting that more offenders are being identified as substance-involved and referred for treatment due to the DSAT initiative. Approximately half of DJJ and CBP/PTS probation staff, as well as judges, reported an increase in the number of offenders identified as substance-involved and referred for treatment. On the other hand, only one-fourth of DOC staff reported the identification of more offenders as substance-involved and 39% reported more offenders being referred for services. Among judges, twice as many J&DR court judges as circuit and general district court judges reported increases.

Table 36: Impact of DSAT on Number of Offenders Identified and Referred for Treatment

	DJJ	DOC	CBP/PTS	Judges
More Offenders Identified as Substance-Involved	52%	25%	52%	50%
- Increase Due to DSAT	92%	93%	88%	95%
More Offenders Referred for Treatment	57%	39%	55%	50%
- Increase Due to DSAT	93%	75%	95%	93%

Of those indicating an increase in the number of offenders identified as substance-involved, approximately 90% of all respondents attributed this change to DSAT implementation. Likewise, with the exception of DOC staff, more than 90% of those indicating increased referrals for treatment noted the change was due to DSAT.

CSB representatives also reported increases in the number of offenders referred for substance abuse treatment from CSUs, CBP/PTS programs, and probation and parole districts. Of the eight CSBs receiving referrals from CSUs, five representatives noted increases and all attributed this change to DSAT implementation. Of the 11 CSBs receiving referrals from CBP/PTS programs, nearly half (5 of 11) noted increases and three of these representatives attributed this increase to DSAT. Finally, of the six CSBs receiving referrals from probation and parole districts, five representatives noted increases in the number of referrals, and three of these attributed the change to DSAT.

XII: Review of Monthly Screening and Assessment Activity

As noted in Section V, a standardized reporting form (see Appendix C) was developed to collect aggregate information on the number of statewide DSAT cases processed by DJJ, DOC, CBP/PTS, and VASAP staff. Each agency's local program offices were asked to report monthly totals for each of the following DSAT activities:

- Screenings ordered by the court or required based on DSAT provisions;
- Screenings completed;
- Screenings indicating an assessment is needed, based on the screening results or other factors;
- Assessments completed;
- Assessments indicating a need for substance abuse education or treatment, based on the assessment result or other factors; and
- Placements in substance abuse education or treatment.

At the request of the Interagency Committee, the VCSC also revised its sentencing guidelines cover sheet, effective July 1, 2000, to include two additional check boxes to note whether an offender had completed a screening or an assessment under §18.2-251.1. The checkboxes were used to document the number of felons being screened and/or assessed prior to sentencing. The VCSC eliminated these boxes from the form effective July 1, 2002 due to space limitations.

Available monthly report data are provided on pages 103-104.

DSAT Workload Reports

Tables 37 and 38 illustrate the aggregate screening, assessment, and placement activities reported by DJJ, DOC, and CBP/PTS for the period January 2002 through June 2002 (VASAP did not provide reports on its activity data).[10] Information was collected from 35 DJJ CSUs, 42 DOC probation and parole districts, 37 local CBP programs, and 19 PTS programs.[11] Data shown in this section represent statewide activities, rather than from the evaluation sample sites only.

It is important to note that data reporting difficulties and interagency variation in reporting practices limit the interpretation of these activity data. Therefore, the numbers presented should be considered as only gross indicators of DSAT activity. These data reporting issues and limitations are discussed in detail following the data review.

[10] Collection of similar data by some agencies actually began in July 2001, but variations in how the data were defined and reported limited their use for examining aggregate trends. Therefore, only data for the first six months of 2002 are shown.

[11] For the analyses in this section, PTS data were collected only for offices designated as approved by the local court to administer screening and assessment instruments at the investigation phase.

Screenings, Assessments, and Placements

Monthly DSAT activity data reported by DJJ, DOC, and CBP/PTS for the reporting period are shown in Table 37. DOC reported the largest average number of screenings ordered/required per month (2,714), followed by PTS with a total of 1,229. DJJ did not report data on screenings ordered/required. For all agencies combined, a monthly average of 4,096 offenders were screened, and an average of 1,190 offenders were assessed. In general, one assessment was completed for about every three screenings completed. DOC reported the largest average number of assessments completed per month (451), followed by DJJ (356). DOC also reported the largest average number of education/treatment placements per month (1,087), followed distantly by CBP with a monthly average of 357 placements. DJJ did not report data on placements.

Table 37: Average Number of Monthly Screenings, Assessments, and Placements (January – June 2002)

	DJJ	DOC	CBP	PTS
Screenings Ordered/Required	Not Available	2,714	569	1,229
Screenings Completed	714	1,508	683	1,191
Assessments Completed	356	451	278	105
Placements	Not Available	1,087	357	75

While these numbers represent aggregate activity only, general trends may be discernable when examined across the 6-month reporting period. First, wide variations across agencies were noted in examining the numbers of assessments completed compared to the number of screenings completed. DOC figures generally indicated that the monthly average number of screenings completed was typically much higher than the monthly average number of assessments completed by an approximate 3 to 1 margin. This finding might be explained, in part, by the fact that assessments for serious offenders may frequently be deferred until close to the time of release from incarceration. Among all agencies reviewed, figures for approved pretrial services programs indicated the lowest monthly average number of assessments, despite having the second highest number of screenings completed on a monthly basis. This variation may result from the fact that defendants must be actually placed on supervision before they can be assessed. Defendants on pretrial supervision are typically in the program for only a relatively short time frame, and therefore do not participate in the program long enough for assessment or treatment services to be initiated. Additionally, aggregate placement data for DOC indicates that the average number of placements per month is roughly twice that of the monthly average number of assessments. DOC reported that this might result from DOC staff sometimes referring offenders to placement without having completed an assessment.

Table 38 indicates the frequency of scoring overrides on the screening and assessment instruments. A score is overridden when staff members use other factors to make a decision

contrary to what is indicated by the instrument score alone (e.g., the screening instrument score does not indicate an assessment is needed, but staff members note other factors suggesting drug use and decide to conduct an assessment). The frequency of such overrides is one way to gauge the utility of the standardized instruments as viewed by field staff.

Table 38: Frequency of Screening and Assessment Scoring Overrides (January – June 2002)

	DJJ	DOC	CBP	PTS
Percentage of Screenings Indicating Assessment Needed Based on Score	83%	93%	80%	97%
Percentage of Screenings Indicating Assessment Needed Based on Other Factors	17%	7%	20%	3%
Percentage of Assessments Indicating Education/Treatment Needed Based on Score	Not Available*	83%	82%	76%
Percentage of Assessments Indicating Education/Treatment Needed Based on Other Factors	Not Available*	17%	18%	24%

*DJJ does not make referral decisions based solely on results of the assessment instruments.

As seen in Table 38, the majority of decisions are based on the instrument scores. Overall, 80% or more of the decisions that an assessment was required were based on the screening instrument score alone. CBP, PTS, and DOC also reported that more than three-quarters of the decisions that education/treatment were required were based on the assessment instrument score. In general, assessment overrides are more common than screening overrides, with all agencies discounting around 20% of assessment results in the presence of other triggering factors. CBP staff were most likely to override a screening instrument score (20% of the time), and PTS staff were most likely to override an assessment instrument score (24% of the time).

Reporting Issues with Monthly Screening and Assessment Data

During development of the standardized reporting form, the evaluators conducted interviews with agency representatives to discuss the utility and feasibility of collecting monthly report information. They expressed the benefits of such information as:

- Demonstrating the volume of DSAT offenders with substance abuse issues and who need treatment (as well as those who do not receive services because of the short time under pretrial supervision);
- Documenting the DSAT workload of local office staff;
- Documenting the appropriate staff and/or service delivery levels for substance-involved offenders; and
- Justifying the allocation of funds for serving substance-involved offenders.

Although there was a consensus that measures of basic DSAT screening, assessment, and placement data would be very useful, in practice numerous difficulties were encountered while trying to capture this information. None of the automated data systems at DJJ, DOC, and CBP/PTS were able to capture all of the required data in the manner needed. For data elements that were captured, there were significant disparities in how the elements were defined across the different data systems, and how quickly data were entered into the databases. For the most part, data systems were designed to capture staff workload, as opposed to how offenders moved through the screening and assessment process. The available data represented "snapshots" of activity at a particular time, with no way to directly link information for individual offenders as they moved through the process. DJJ data was the exception on this issue, as it included case-based data on individual offenders. Some of these reporting issues for each agency are discussed below.

Department of Corrections

Monthly screening, assessment, and placement data have been collected by all probation and parole districts and submitted monthly since July 2001. DOC's representative reported that the majority of DSAT data collection is done manually at the local office level, and then entered into DOC's central automated system. DOC then collates this information from the central database and submits it to the evaluators.

DOC stated that local offices should be able to extract DSAT client information from its database, but some limitations exist. The *Code* mandates DSAT services for most adult felons with an offense date of January 1, 2000 or later. Therefore, the offense date must be known to determine if an offender falls under the DSAT provisions. However, the offense date is only included in the DOC database for offenders who have had a PSI, thereby precluding identification of DSAT offenders who have not completed a PSI. Practically, this means that many DOC offenders who should, and perhaps do, receive DSAT services are not included in these workload counts.

In addition, some local office staff might conduct additional screenings on offenders who do not fall under the DSAT provisions. The cases likewise cannot be distinguished from *Code*-mandated DSAT cases, and may be included in the total number of screenings completed for a given month. DOC estimated that 99% of screened offenders are actually DSAT cases. However, adjustments to DOC's automated system would have to be made to add the offense date to more clearly distinguish between DSAT and non-DSAT screenings.

Department of Criminal Justice Services

DSAT data collection is conducted manually for all CBP/PTS programs due to difficulties incorporating these data elements into an existing automated database. Visits to the sample programs revealed that directors keep a handwritten log or Excel spreadsheet to track screenings, assessments, and placements, and include information regarding SSI and ASI overrides. Local office totals are sent to DCJS's agency representative to be collated for the evaluators. All offices are currently reporting monthly screening, assessment, and placement activity, although the DCJS representative indicated that approximately 20% of programs do not report consistently or in a timely manner.

According to DCJS's representative, screenings are conducted on offenders or defendants who are court-ordered or are implied to be court-ordered under the initiative's *Code* requirements. While programs may complete screenings for offenders who fall outside the DSAT purview, staff do not report such cases in the DSAT monthly workload totals. Although not yet convicted of an offense, a pretrial defendant may be asked to voluntarily submit to a substance abuse screening. These cases are included in reports of the total number of screenings required, based on the instant offense. However, PTS agencies do not track the number of cases in which the screening was refused, an option that is available to offenders.

Department of Juvenile Justice

DJJ has been tracking screening and assessment activity for all CSUs since July 2000. Rather than require local offices to collect data manually, DJJ chose to extract this information from its statewide Juvenile Tracking System (JTS). Data from the JTS can be analyzed to enable tracking of offenders from the point of program entry through screening and assessment completion, whereas data systems for DOC and CBP/PTS programs are unable to extract data in this manner. Although the DSAT Interagency Workgroup had decided on the need for reporting certain core measures across agencies, the data reported by DJJ was significantly different from data that other participating agencies were able to provide in three primary ways.

First, DJJ's representative stated that the JTS could not track the number of screenings that would have been required by the *Code*, specifically, those ordered as part of a social history investigation or required for certain offenses. As this is the entry point for all screening and assessment activity under the legislation, measuring compliance with the provisions of the initiative is compromised. Survey responses revealed that 81% of probation officers in the DJJ sample sites reported screening juveniles absent a court order or DSAT-relevant offenses at least "sometimes." Discussions with DJJ confirmed that the reported totals for screenings completed from DJJ do include non-DSAT cases. DJJ has implemented new supplementary data fields to clarify the distinction between DSAT-initiated cases and those initiated for other reasons. Estimates from these new data suggest that approximately 20% of screenings completed appear to be initiated outside the DSAT requirements.

Second, the JTS is not presently constructed to retrieve override information in a timely fashion. The system is only able to reveal screening overrides (the number of screenings indicating a need for assessment based on factors other than the SASSI instrument score) after assessment information is entered into the system. This process may take 90 days or longer (see ***Lag Time*** discussed on page 107). Once entered, this information must then be cross-referenced against the SASSI results to determine if a juvenile found to be "non-dependent" (not requiring further assessment) received an assessment anyway. Because treatment decisions are routinely based on multiple factors that include the assessment results, determining assessment overrides using DJJ's database is difficult as well.

Finally, counting the number of juveniles placed in an education or treatment program is problematic. According to the representative, DJJ's database only tracks those juveniles referred to programs or services funded through SABRE. Therefore, applicable DSAT offenders who have services paid out of non-SABRE funds are not being counted. Additionally, DJJ currently

counts only *referrals* to SABRE programs rather than actual placements. DJJ indicated that a system to improve data for these issues is under consideration.

VASAP

VASAP has not supplied the evaluators with any monthly screening, assessment, or placement data as of this writing. Local VASAP offices reportedly administer the SSI to every client. However, VASAP's representative indicated that they receive very few referrals under the initiative, as little as 5% of their total referrals for substance abuse services. At the time of the interview, local offices were only estimating the numbers of DSAT referrals and relevant screenings rather than providing an actual count. VASAP indicated that a more accurate system of accounting was not yet available.

Since DSAT began, VASAP's local offices have conducted assessments using the ASI for its clients who are authorized under these provisions. However, some VASAP offices reportedly formed agreements to complete ASIs for local CSBs. VASAP indicated that workload estimates for ASIs completed would include not only those completed for applicable VASAP clients, but also clients of these other agencies. While VASAP's representative indicated that ASIs are most likely to be conducted on clients from DSAT referrals, it's currently unclear whether some clients would be counted by both applicable agencies. VASAP's representative also stated that a protocol for DSAT referrals had not been enacted. Therefore, local offices have no written criteria for determining an education or treatment placement based on the ASI results.

Other General Issues

Rather than provide monthly activity reports to the evaluators, DJJ provided the evaluators with monthly copies of the JTS database for direct analysis. A few additional data interpretation issues became evident during this review. While each issue has not been thoroughly examined for each agency at this time, they should be considered in examining DOC, and CBP/PTS data as well.

Lag Time

DJJ is able to report the number of assessments completed each month. However, some lag time occurs between completing this activity and entering the information into the JTS. Although Department protocol provides a 30-day window to enter the information, the Court Services Specialist stated the actual lag time to be as long as 90 days. While analyzing these data, it was discovered that in some cases the actual lag time was 120 days or longer.

After becoming aware of this issue, evaluators discussed its relevance with DOC and CBP/PTS. DOC likewise pointed out a reported lag time in its reporting, but could not provide an estimate of the time length involved. Consequently, aggregate workload figures cannot be obtained in a timely fashion from both DJJ and DOC due to dependence on the agencies' databases for this information. CBP/PTS, which collected these workload data manually, were able to provide more current information.

Quality Assurance

The review of the DJJ JTS database also revealed a number of duplicate cases, and cases with questionable dates (e.g., assessment dates prior to noted screening dates). It was not clear if

these cases were the result of data entry errors, or an inaccurate accounting of screening and assessment activity. Since these data had been submitted from local offices and could not be verified easily, there was no simple solution to ensure data quality in these instances. Because similar reviews of the DOC and CBP/PTS data sources were not conducted at this time, it is unclear whether this problem may exist elsewhere. However, further examinations of these data sources will be conducted to identify any quality concerns that exist.

Practical Limitations

It should be noted that the agencies' ability to maintain and report timely, complete, and accurate data is affected by many factors. These factors include the training and qualifications of data entry operators, local office compliance with data protocols, resources available for database monitoring and modifications, existing database capabilities, the availability of resources for database changes and improvements, and leadership expectations for high quality information. Finding solutions to these issues is complicated and challenging. In times of limited resources, it is not uncommon for database development and management to be viewed as a low-level priority. However, the lack of timely, complete, and accurate information often means that it is very difficult to provide agency management and policymakers with accurate information on the implementation and outcomes of major public safety programs and initiatives.

XIII: Conclusions

Development of the DSAT initiative legislation began in 1998. Planning for the initiative continued until January 2000, when full statewide implementation began. Since its onset, the process that requires drug screening and assessment has experienced numerous changes. Currently, it provides for substance abuse screenings for juvenile and adult misdemeanant offenders under certain circumstances, as well as all convicted felons. Offenders who demonstrate a high likelihood of having a substance abuse problem based on these screenings are targeted to receive more intensive substance abuse assessments. From that point, offenders are referred for education and/or treatment, as needed, depending on the assessment results. A dedicated source of revenue, the Drug Offender Assessment Fund (DOAF), was created to offset taxpayer costs for operation of the screening and assessment process. Through the end of FY 2002, this fund has collected approximately $3.9 million dollars. Additional funds were appropriated through the Substance Abuse Reduction Effort legislation (SABRE) in July 2000 to support the treatment component of the initiative. SABRE funds, however, were eliminated by the 2002 General Assembly.

Because several different types of offenders are subject to the *Code of Virginia* mandates, the initiative affects staff and clients of numerous agencies, specifically, local community-based probation and pretrial services programs administered by the Department of Criminal Justice Services; the Department of Juvenile Justice; the Department of Corrections; Virginia Alcohol Safety Action Programs; and the Department of Mental Health, Mental Retardation, and Substance Abuse Services. An Interagency Committee, which was established by *Code* to consist of representatives from each agency above as well as the Virginia Criminal Sentencing Commission and the Secretary of Public Safety, has several intended functions. These include assisting and monitoring agencies that implement the provisions of the initiative, ensuring quality and consistency in the screening and assessment process, and promoting interagency coordination. An Interagency Workgroup, composed of designees of the Committee members, was also established to provide direct oversight of these tasks.

The Department of Criminal Justice Services Research Center received a request in the fall of 2000 from the Secretary of Public Safety to conduct an evaluation of the DSAT program. The evaluation is planned for two phases: Phase I will address program implementation while Phase II will attempt to address program outcomes. The data collected for this report address program implementation only (Phase I).

Accomplishments

The Interagency Committee, Interagency Workgroup, and participating state agencies spent much time and effort in the planning stages. Activities included the selection of standardized screening and assessment instruments for both juvenile and adult offenders; review of state agency protocols; statewide training on the initiative, the instruments, and federal confidentiality regulations; pilot implementation in 36 programs; development of a model Memorandum of Agreement; development of a monthly reporting form; and initiation of an evaluation process.

The subsequent process of full implementation likewise entailed significant effort from all participating agencies, and many accomplishments have been realized. Screening and assessment procedures have been put into practice for juvenile offenders through CSUs operated by DJJ. Similar processes have been put in place for adult misdemeanants and local-responsible felons by the Department of Criminal Justice Services through local CBP/PTS programs, and for state-responsible felons by the Department of Corrections through probation and parole districts. The referral of offenders needing treatment has also factored into established procedures, both by the initiating criminal justice agency and local CSBs.

Each participating agency trains new staff on the initiative, and continues to provide refresher training for local program staff. As a result of this instruction, an enhanced awareness of substance abuse issues, including screening, assessment, and treatment techniques, was another reported effect of the initiative.

Many local programs have created dedicated positions for Certified Substance Abuse Counselors/Substance Abuse Specialists (CSACs/SASs) to oversee the local screening, assessment, and treatment process. These positions have reportedly provided good direction and consistency to the offices' activities, and were generally viewed as a good organizational model to adopt. In addition, the number of staff with specialized substance abuse training has increased markedly, which may provide supplementary benefits such as overall capacity to conduct screenings and assessments as well as enhanced supervision capabilities for offenders with substance abuse issues.

Criminal justice agencies also reported that they are identifying more substance-abusing offenders when compared to those identified prior to DSAT implementation in January 2000. Consequently, some local programs have also enhanced their in-house treatment capacities for substance abuse services. The DSAT initiative was also credited with improving the availability of treatment services more broadly as well; however, the loss of SABRE funds and other treatment resources have seriously compromised this benefit. Finally, both judges and agencies noted that DSAT activities have resulted in the provision of improved information for use by the judiciary in court decision-making.

Challenges

Given the breadth of the DSAT initiative, however, many challenges have occurred and some remain. Perhaps the greatest challenge that still faces the initiative appears to be collaboration between the many agencies involved in implementation, both at the state and local levels. Given its expansive scope, the initiative requires cooperation across five state agencies and two secretariats at the state level, as well as cooperation with numerous local programs. Further, the *Code* established an Interagency Committee to guide the initiative's activities, which includes the Secretary of Public Safety (SPS) and the directors of participating agencies. The Committee has designated its responsibilities to an Interagency Workgroup, which includes agency and secretariat representatives. The Workgroup holds regular meetings to discuss issues that are relevant to the initiative's progress. Reports suggest that the Committee members generally have little ongoing involvement in DSAT activities, and are not routinely apprised of DSAT issues. Because the representatives also may not have the direct authority in many instances to enforce

Workgroup decisions at the agency level, the agency directors' current lack of involvement in decision-making may be an impediment to effective statewide implementation.

Collaboration difficulties are also evident in the observation that state agencies are making modifications to their protocols and communicating these changes to local offices without consideration by the Interagency Workgroup. Such actions undermine the *Code*-mandated function of the Committee to "ensure quality and consistency in the screening and assessment process." Other issues, such as differing opinions on the versions of instruments that are approved for use as well as the enforcement power of the MOA, likewise demonstrate collaboration difficulties. Reports of duplicative assessments, which are very time intensive and have been noted by DJJ, DOC, CBP programs and the CSBs, also suggest collaboration issues.

By its design, a primary DSAT goal is to achieve this collaboration, yet there is still much work to be done even after four years of planning and implementation. Based on observations of the Workgroup, interviews, and surveys of local program staff, one primary impediment may be the doubtful attitudes of some involved parties. Evaluators have frequently heard mention of staff who "are waiting to see if this will just go away." In some ways, the criminal justice and mental health systems do not seem to clearly recognize the indisputable link that these offenders present, due to the fact that treatment services are mandated as a result of court involvement. Instead, the two systems appear to continue to focus only on their respective responsibilities and not the nexus between the two. Similar problems are evident in the overlapping responsibilities between the adult misdemeanant and felon systems, in circumstances when they both serve the same offenders. Likewise, the Workgroup members do not typically participate to state their concerns and develop solutions; rather, they understandably protect their interests, thereby leaving the task of collaboration largely unaccomplished.

In addition, the use of dedicated staff such as CSACs/SASs to oversee the local DSAT process has generally been a positive experience. However, the decisions about the distribution of these positions, in accounting for local variation, have not reportedly worked well in some instances. DJJ has encountered difficulties when only one SAS is assigned to very large program sites. DOC has a few offices with no CSACs, and CBP/PTS programs have very few overall – these offices are reportedly struggling more to handle the workload generated by the initiative.

Furthermore, training was reportedly lacking for the courtroom professionals who make decisions in these cases, specifically judges, Commonwealth's attorneys, and defense attorneys. While many of these court professionals reported that they are aware of this initiative, the actual receipt of training was much less consistent. These players are notably absent from the Committee's representation as well, a factor that might explain shortfalls in this area.

While the development/modification of data systems to maintain screening, assessment, and treatment information has been accomplished to some extent for administrative purposes, these data have not consistently been designed to permit assessments of client outcomes or service gaps. For example, there is currently no way to confirm through existing databases whether C*ode*-mandated offenders are actually entering the screening/assessment client pool – data collection about the initiative is currently initiated only upon a screening being completed. Similarly, data typically exists in local criminal justice program databases about whether

offenders are referred for treatment, but specific information about offender participation in treatment groups or completion status may only be available through reviews of provider treatment files.

Certainly, recent budget cuts have also dramatically affected the ability of agencies to accomplish the intent of the DSAT initiative, particularly with respect to treatment referrals and service provision. Both DOC and DJJ, who currently receive allocations from the DOAF to implement and operate the screening and assessment process, report that general fund dollars have been reduced by the amounts allocated through the DOAF, thereby reducing funds available for other services. In some instances, DOAF funds may have been re-directed to make up for these general fund reductions. Local CBP/PTS programs administered by DCJS, on the other hand, handle the vast majority of adult misdemeanant cases, yet receive no DOAF funds for doing so. VASAP, while included as a recipient in the DOAF legislation, has not accepted any appropriations from the fund, and reports that it handles very few cases as a result of the initiative's implementation. Finally, all participating agencies have suffered deep treatment funding reductions due to the elimination of SABRE funds by the 2002 General Assembly. These inconsistencies in funding again compromise the initiative's ability to provide consistent and reliable services.

These findings clearly indicate that the DSAT initiative has experienced both achievements and challenges. Continued evaluation is necessary to examine offender outcomes as they progress through the screening, assessment, and treatment process.

XIV: Recommendations

The implementation study has identified several areas where improvements should be considered. Evaluators consequently developed a number of recommendations based on the qualitative and quantitative data that was collected during the first 30 months of statewide program implementation and included in this report. A review of these recommendations follows.

Improving Collaboration

1. The Interagency Committee and the Interagency Workgroup should improve interagency collaboration to facilitate decision-making, as well as interagency operations and assistance.

Improving interagency collaboration and cooperation is a critical DSAT goal that fosters the ability to achieve all other initiative objectives. The Interagency Committee and Interagency Workgroup were developed to encourage shared decision-making and cross-agency assistance. Early successes towards this end included collaborative approaches to staff training (e.g., DOC and VASAP assisted with training for local CBP/PTS staff), as well as Workgroup review of participating agency protocols. However, it appears that as the DSAT initiative has progressed, an increased focus on agency-specific concerns may be undermining the Workgroup's ability to collaborate in an effective way. Critical issues for consideration are outlined below.

a. The Interagency Committee and the Interagency Workgroup should improve collaboration to ensure consistency in the screening and assessment process.

The DSAT initiative aims to ensure consistency in the screening and assessment process. Although agencies require some flexibility in how the process is implemented, the evaluation identified inconsistencies in the process that should be addressed to avoid undermining the DSAT intent. Variations have been reported in the ways that agencies are using the SSI and ASI. For example, at least one probation officer in a majority of the DOC offices in our sample reportedly administers the self-report version of the SSI, which is not the version that was approved by the Workgroup. DOC shows variation on the actual modules of the ASI being administered, and DMHMRSAS uses a different version of the ASI that was modified specifically for the CSBs it administers. In addition, a few CSU staff reported administering the SASSI in a group setting, whereas most administer this instrument individually.

Other notable inconsistencies were observed on other basic issues of statewide implementation. Although the Workgroup developed a model MOA for all agencies to use, DJJ chose not to offer it to local programs because their existing MOAs reportedly covered the same items. Differing interpretations of confidentiality regulations were observed during site visits (e.g., level of specificity needed to identify parties on the release form). Another critical difference that undoubtedly affects inconsistency is the fact that DCJS currently receives no funds to support implementation of this initiative in the CBP/PTS programs it administers while DOC, DJJ, and VASAP have access to DOAF monies.

These findings suggest that interagency collaboration, a primary goal of the DSAT initiative, should be enhanced to improve progress toward the consistency goal.

b. The Interagency Committee and Interagency Workgroup should formalize an approval process for DSAT policy and protocol changes.

Early in the planning process, the Workgroup established agency protocols using a review process to ensure compliance with the *Code* and interagency consistency, as feasible. However, observations of the Workgroup indicated that this process has not been ongoing. On several occasions, state agencies have modified their protocols and provided revised instructions to the field without knowledge or approval of the Workgroup. Examples include revised instructions from both DOC and the DCJS Correctional Services Unit that allow partial administration of the ASI in certain circumstances, and modified protocols sent by DMHMRSAS to CSBs informing them that they are no longer required to administer the ASI. Such changes defeat the purpose of the Workgroup, circumvent the Workgroup's ability to achieve its consistency goal, and will consequently hinder the ability to assess utility of the selected screening and assessment instruments. Therefore, a formal approval process for policy and protocol changes should be established at the Workgroup level to ensure consistency, as practicable.

c. The Secretary of Public Safety, Interagency Committee, and Interagency Workgroup should review current leadership practices for the initiative, and develop strategies to strengthen directed decision-making at the oversight level.

Some Workgroup members noted that the Interagency Committee members are far removed from the initiative's state-level processes. Since the Committee members are also participating agency heads, lack of awareness about problems which emerge from collaborative Workgroup sessions may hinder efforts to effect procedural changes. The Workgroup should consider strategies to increase involvement of the Committee in the DSAT oversight process. In addition, some Workgroup members suggested that the SPS' office play a more authoritative decision-making role in the oversight process. As the Committee chairperson, the SPS can direct Workgroup discussions on important decision points, finalize plans for programmatic or systematic changes, and hold agencies accountable for compliance with these decisions. As part of this process, the SPS should also monitor each agency's progress towards achievement of the DSAT *Code* mandates, with assistance from the Interagency Committee and Interagency Workgroup.

Reducing Duplication of Effort

2. The Interagency Committee, Interagency Workgroup, and participating agencies should reduce duplicative efforts to save resources.

This implementation review revealed a number of areas where duplicative efforts are occurring. Duplication has been discovered (or seems highly likely in some instances) within individual agencies, across criminal justice agencies, and between criminal justice agencies and the CSBs. Redundancy appears during different stages of the process as well. Specific recommendations to reduce duplicative efforts are provided below.

a. The Interagency Committee and Interagency Workgroup should devise policy modifications to eliminate duplicative effort among participating agencies and CSBs. DCJS, DOC, DJJ, and DMHMRSAS should address the reasons for duplication of effort and participate in the policy modification process.

Evaluation findings revealed that screening and assessment activities, initially performed by local criminal justice agencies, are sometimes being duplicated by the local CSBs. In fact, the vast majority of CSBs in our sample reported replicating assessments that had already been completed by the local probation staff in some or all cases. CSBs reported a number of different reasons for this duplication, including their beliefs that criminal justice officers may not have the time or experience to administer these instruments correctly, and the need to meet state licensure requirements. While legitimate concerns may exist, this duplication wastes valuable staff and funding resources that could be redirected to enhance limited treatment coffers.

The Interagency Committee, Interagency Workgroup, participating state agencies, and local CSB representatives should clearly identify and communicate these concerns, and develop strategies to reduce or eliminate duplicative efforts. This collaboration should be guided by input from localities that do not encounter these problems. Resulting remedies should be incorporated into state and local DSAT policies and protocols.

In addition, data systems should be enhanced to collect screening and assessment activity from both local criminal justice agencies and CSBs on a case-specific basis. Such data will allow program administrators to better quantify the costs of these duplicative activities, and monitor compliance with new policies.

b. The Interagency Committee and Interagency Workgroup should closely examine other areas of potential duplication in the system. Agency protocols should clearly outline procedures for information sharing to eliminate any duplication that is identified.

Some Workgroup members suggested that duplicative efforts may be occurring within the participating criminal justice agencies. Potential areas of overlap include:

- Screenings by PTS for charged offenders who may be subsequently convicted and placed under DOC supervision, then perhaps receiving another screening;
- Screenings by PTS for charged offenders who may be subsequently convicted and placed in a local CBP program, then perhaps receiving another screening;
- Screening and/or assessments for offenders convicted of both misdemeanors and felonies, who are under supervision by both CBP and DOC probation and parole programs; and
- Screenings and/or assessments for adult or juvenile offenders charged or convicted in multiple localities.

At this time, most state and local database systems are not integrated, which impedes straightforward exchange of such information. Although some protocols (e.g., PTS programs) direct local information sharing of this type, adherence to these provisions has been questioned by some agency representatives. While the current study did not examine this question in depth,

a detailed review of protocols is warranted to develop consistent expectations and monitoring procedures for this issue.

c. The Interagency Committee, Interagency Workgroup, and DOC should continue to address duplication of effort in conducting the PSI along with approved standardized screening and assessment tools.

The PSI is DOC's primary investigation and reporting tool, and is completed for many felony offenders under supervision by DOC probation and parole districts. Because most DOC offenders also fall under the provisions of the DSAT statutes, the SSI and ASI (if applicable) are also being administered to these offenders. However, the PSI contains much of the same information requested in the standardized screening and assessment instruments. This issue has been difficult to resolve because the ASI must be administered in its entirety to retain its standardized properties. This duplication results not only in repetitive information collection and data entry, but also frustration by probation and parole staff due to increased workload demands. Almost 65% of DOC probation officers reported that they are collecting duplicative information. Many probation and parole staff also contended that they can identify substance-abusing offenders without using the standardized tools through completion of the PSI and urine screening process. DOC is aware of this problem and has reportedly attempted to remedy it; although work is ongoing, no solution has been reached to date. In March 2002, agency protocol was modified to allow only partial administration of the ASI for PSI cases; however, the ASI's validity has not been verified under these circumstances.

In light of these findings, the Workgroup should also seek solutions that might decrease this duplicative data collection. One possible solution is to examine the utility of any tools that may combine a substance abuse assessment with information that is captured by the PSI, thereby streamlining the data collection process.

d. The Interagency Committee, Interagency Workgroup, and participating agencies should consider strategies for streamlining the screening and assessment process by conducting a review of the necessary scope of screening activities, as well as the most effective delineation of staff responsibilities.

As defined by the HB664/SB317 Implementation Workgroup early in the initiative's development, screening should be used to "identify individuals likely to benefit from a comprehensive assessment," and should be "brief and easy to administer." Early in the initiative's planning phase, a lengthy instrument selection process was used to identify screening and assessment tools. The Workgroup reported that the chosen tools had been deemed reliable, and this was a primary consideration in the final decision.

However, study findings revealed that probation staff who typically conduct screenings frequently review collateral information prior to administering the screening instrument (CBP/PTS = 100%; DOC = 96%; DJJ = 90%).

This practice may have two significant effects:

- Review of this information, which is generally beyond the scope of the screening tool, may result in time-intensive examinations of detailed offender information by both the screener and the assessor; and
- Use of collateral information at the screening phase may increase the number of overrides and, consequently, inflate the number of assessments needed.

One reason for this review may be because staff are simultaneously conducting background investigations of offenders, particularly at DOC and CBP/PTS. If reliable screening tools are used, however, reviewing collateral information during the screening process may use valuable time unnecessarily. These findings suggest that the Workgroup and participating agencies should more closely consider the appropriate scope of the screening process, and how staff assignments may lead to duplicated workloads.

Enhancing Training

3. The Interagency Committee, Interagency Workgroup, and participating agencies should take action to improve the availability of training opportunities for judges and attorneys.

Judges and attorneys, who play important roles in making recommendations and decisions for DSAT offenders, need additional training on the initiative. Over one-third of juvenile court judges in our sample reported receiving no training on the initiative. Sixteen percent of circuit court judges and 21% of general district court judges in our sample also reported no training. No more than 62% of judges from any court type reported receiving training at a mandatory event. Suggestions for judicial training included training for those who have not yet received it, as well as refresher training for other judges.

Although the majority of Commonwealth's attorneys and public defenders reported that they were aware of the DSAT initiative, only 34% and 23%, respectively, indicated they had received training of some type. Most of this information was received through informal methods, such as conversations with probation officers, memos, or other written materials. Adequate information on DSAT provisions is sorely lacking for these groups.

4. The Interagency Committee, Interagency Workgroup, and participating agencies should take action to ensure suitable training for staff who are responsible for administering screening and assessment instruments. The Workgroup should require a report on training remediation from each agency by June 30, 2003.

In many instances, training received by local program staff at DJJ, DOC, and CBP/PTS does not match actual screening and assessment responsibilities. Twelve percent of DJJ probation officers who typically administer the screening instrument reported that they have not received specific training on this tool. For programs that serve adult offenders, 8% of CBP/PTS staff and 19% of DOC staff who typically conduct screenings reported no training on the SSI Interview Form. Results for the assessment instruments showed similar issues, with 6% of DJJ staff who are typically responsible for administering the CAFAS, 17% of CBP/PTS staff who typically administer the ASI, and 18% of DOC staff who typically administer the ASI indicating that they had received no training on these instruments.

Surveys also suggested that many staff who are not responsible for administering DSAT-approved instruments have been formally trained to conduct them. For the screening instruments, a notable number of staff in each agency who were not responsible for administering these instruments had participated in formal training (DJJ = 39%; DOC = 27%; CBP/PTS = 21%). In addition, fairly large numbers of staff reported that they received formal training on assessment tools but were not typically responsible for administering these instruments (CBP/PTS = 87%; DJJ for CAFAS = 50%; DOC = 46%). The prevalence of overtraining on the assessment instruments is questionable to some degree, as DJJ and DOC received SABRE and other monies to hire specialized staff (CSACs/SASs) that would be primarily responsible for conducting assessments. In addition, a majority (59%) of CBP/PTS programs in the sample contracted for assessment services rather than assign the task to existing staff. While cross-training may be useful for some purposes (e.g., ensuring availability of backup screening/assessment staff, providing the administrator with flexibility when assigning tasks, and overall enhancement of staff skill set), training opportunities should be prioritized for staff who are primarily responsible for those activities, particularly in times of limited funding.

As a first step, local agencies should identify staff who are conducting screenings and/or assessments. State agencies should monitor these activities to ensure that staff are appropriately trained. Finally, the Workgroup should consider requesting a report on training remediation from each agency by June 30, 2003, to include identification of lingering training gaps and future training plans.

Improving Program Models

5. To enhance implementation of the initiative statewide, DOC and DJJ should allocate CSAC/SAS resources to all local offices in a manner that achieves adequate coverage based on local office needs. If DCJS becomes eligible for Drug Offender Assessment Fund monies, it should likewise make funds available to local programs to establish CSAC/SAS positions.

Using the funds allocated by the General Assembly for the DSAT initiative, DOC and DJJ established specialized staff positions (CSACs/SASs) to support the screening, assessment, and treatment system. DOC and DJJ chose different ways of allocating these positions, and CSACs/SASs in these agencies described their responsibilities somewhat differently.

DOC envisioned a system where all districts would have CSAC coverage to ensure oversight of the DSAT process. However, in prioritizing positions, some high-volume offices were provided with multiple CSAC positions while others had no dedicated CSAC. By intent, neighboring offices would provide assistance to those with no CSAC position, but DOC reports that this has not worked effectively because the availability of time for external assistance has been limited. This situation has also resulted in departures from the DOC protocol, which requires that each office must have a CSAC or licensed clinician to approve all overrides and to oversee DSAT administration.

On the other hand, DJJ established a system where each CSU had a dedicated SAS position. This arrangement was intended to provide consistent coverage statewide while permitting SASs

to provide oversight and actually conduct most assessments for each CSU. However, this approach did not factor in issues such as relative workload and geography. Very large CSUs were unable to keep up with the assessment demands, while very small CSUs had few cases that required DSAT activities.

DJJ and DOC should collaborate to identify the positive aspects of their respective strategies and develop a balanced approach that incorporates these elements. This discussion should emphasize the need to establish a consistent level of coverage for differing workload levels and the impact of geography on availability for resource sharing.

Because DCJS was not included as a recipient of DOAF monies, additional positions were not viable for the CBP/PTS programs it administers. In general, some programs have modified their program models accordingly to perform CSAC/SAS functions through other means, for example, contracting out for assessment services. However, DCJS should require that local CBP/PTS programs establish CSAC/SAS positions if funding becomes available.

Re-Examining Screening and Assessment Instruments

6. The Interagency Committee and Interagency Workgroup should re-examine the instruments that have been selected for implementation, as well as the philosophies behind instrument selection.

Staff in participating agencies noted concerns with several of the selected screening and assessment instruments. The ASI was generally viewed the least favorably. Sixty-nine percent of DOC probation staff and 44% of CBP/PTS staff felt that the ASI was capturing information that was already collected as part of the presentence investigation process. Complaints about the time required for ASI administration were heard from DOC, DCJS, and VASAP agency representatives, as well as from local program administrators and staff. DOC and DCJS have modified their protocols to allow either variations in the sections of the ASI administered, or exclusion of the ASI in some instances. DOC also reported that, in some cases, placements are made without having a completed ASI. CSB representatives raised concerns that the ASI is not a diagnostic tool, and therefore has little utility for identifying appropriate placements. Regarding the screening tool for the adults, conversations with the author of the SSI indicated that this screening tool's error rate includes many false positives, suggesting that this particular choice may create a broad filter which could be increasing the number of ASIs being completed and overburdening the system.

DJJ probation officers and SASs generally viewed the SASSI positively, with the exception of adaptability to juveniles' reading levels. However, opinions about the CAFAS and APSI were much less favorable. These staff questioned whether these two instruments were necessary, given the comprehensive nature of their standard assessment interview.

In addition, override statistics derived from the monthly reporting form suggested that staff do not always make referral and placement decisions in accordance with the screening or assessment results. About 20% of reported cases showed overrides of the assessment results, and

similar override figures were noted for screening results. These findings are consistent with staff reports that collateral information is reviewed to make screening and assessment decisions. The expenditure of resources to examine collateral information may somewhat minimize the advantages of using a standardized instrument. Although using collateral information is an acceptable practice, the Workgroup should examine whether its use under DSAT, when combined with the time expended to administer standardized instruments, inundates the system with more offenders than it can manageably support.

Given these findings, the Workgroup should revisit the utility of the selected instruments to assess whether they have proved to be optimal choices for the desired purposes, or if other instruments or strategies should be considered for implementation at this time.

Consider Legislative Proposals in Key Areas

7. The Interagency Committee and Interagency Workgroup should develop and support legislative proposals to include DCJS in the DOAF, and possibly exclude VASAP, which has not accepted such funds in the past.

DCJS administers programs that provide DSAT services to most applicable adult misdemeanants. While DJJ and DOC receive DOAF funds to support DSAT operations, DCJS does not. It is also worthwhile to note that very few funds collected towards the DOAF are generated from J&DR court; therefore, DJJ reaps large benefits from a fund that is not offset by its offenders, while adult misdemeanants pay into a fund that does not provide them with services. These findings warrant legislative changes to include DCJS as an eligible recipient in the DOAF legislation.

In addition, no rationale seems evident to support VASAP's inclusion as a recipient of the DOAF or as a mandated party in the Committee and DSAT process. As noted earlier, VASAP's participation in the DSAT initiative and this evaluation has been very limited. VASAP has not been an active participant in the Workgroup for the past year, and has effectively removed itself as a recipient of DOAF funds since its inception. In addition, VASAP reports that very few of its offenders are solely applicable under the DSAT statutes.

The Workgroup should draft legislation to add DCJS as a DOAF recipient, and support similar proposals that are in development (e.g., from the Virginia Community Criminal Justice Association). The Workgroup should also consider VASAP's functional role in the DSAT process and contemplate legislative proposals to eliminate its eligibility as a DOAF recipient. These decisions should be guided by discussions with the Chairperson and Executive Director of the Commission on VASAP.

8. The Interagency Committee should seriously consider the most appropriate role of Pretrial Services in the DSAT process, and propose legislation to enact changes, as appropriate.

Pretrial Services' involvement in DSAT is very different than the other participating agencies. First, their defendants have not been convicted of a crime, and are presumed innocent. It is questionable whether DSAT resources should be expended on individuals who are in the

investigation stage, and by *Code* cannot be mandated to comply with the DSAT provisions. Second, PTS felony defendants are under supervision for an average of 93 days, while misdemeanant defendants are under supervision only 62 days on average. These short supervision terms generally preclude enough time to progress through the treatment phase, if needed. Third, as noted above, the DSAT services that are provided by PTS may possibly be duplicative of those provided by other agencies during postconviction supervision. Finally, 10 of 29 PTS programs have not been approved by the chief general district court judge to provide screening and assessment services at investigation.

Given these complications, PTS offenders may not be the most appropriate offenders for DSAT services, and PTS programs consequently should not be mandated to implement these legislative provisions. However, because PTS works in concert with other probation programs, it could possibly serve a useful function in the process by administering screenings only. This could reduce the resources needed to comply with DSAT provisions for the preconviction population, and also eliminate concerns about limited time to complete treatment. To be effective, however, this strategy must ensure that information is shared with both local CBP programs and DOC probation and parole districts in a consistent fashion (see Recommendation 2b).

9. The Interagency Committee should be expanded to add, at minimum, representatives of the judiciary and legal profession as permanent members. The Secretary of Health and Human Resources should also be added to the Committee's membership. Local program representatives should also be considered for inclusion on a permanent or as-needed advisory basis.

Evidence from this study suggests that representation on the Interagency Committee should be expanded for several reasons. First, when asked about the current Committee representation, almost all Workgroup members felt that input from additional groups would be useful. Our extended review of the DSAT process, its relevant parties, and the intended outcomes suggest that judges and attorneys, both prosecutors and defense counsel, may be important contributors to the Workgroup's tasks. As noted below, collaboration with the court is also needed for development of strategies to collect more meaningful data about DSAT-eligible offenders. The Secretary of Health and Human Resources should also be added to the membership to facilitate improved collaboration between secretariats.

Finally, Workgroup members expressed the desire for direct input from local programs. Adding local representatives to the group would provide a forum for line staff to discuss difficulties with local collaboration and participate in developing solutions. Local participation could occur on a permanent or periodic basis (e.g., attend quarterly or only as needed). The Committee should also consider whether any membership changes should be accomplished through legislative action, or perhaps more informally.

10. Because the loss of SABRE funds has dramatically affected the treatment phase of this initiative, the Interagency Committee and Interagency Workgroup should document this impact to: 1) inform long term-planning efforts and 2) prepare justifications for possible future funding requests. The Committee and Workgroup should consider innovative ways to

address this deficit, including decreased duplication of effort and re-examination of current resources.

Preceding recommendations to reduce duplication of effort demonstrate that resource savings might be possible. The identification of any additional resources is critical during times of budget shortfalls, such as are occurring now. However, budget savings are particularly important to continued DSAT implementation because one component of the initiative, namely treatment, has been deeply affected by funding reductions. Agency reports indicate that the elimination of SABRE funds severely limited the availability of treatment services, which further constricts the overall initiative's ability to produce the intended outcomes. However, re-thinking the role that existing resources could play might prove useful. Agencies have already reported the implementation of procedures that are intended to save resources. For example, CSACs, as certified counselors, serve a more critical role as internal service providers in some areas, while other offices attempt to prioritize costly placements for offenders who would benefit most. The Workgroup should consider such alternative strategies for the best use of available revenues. Two potential alternatives include: 1) proposing legislation to narrow the class of offenders who are required to be screened and assessed under the initiative and 2) establishing protocols to prioritize offenders for services.

Improve Data for Monitoring and Evaluating DSAT Activities

11. The Interagency Committee, Interagency Workgroup, and all participating agencies should work with the Supreme Court of Virginia to develop a process for identifying offenders who are mandated by Code to receive screening and assessment services.

DOC, DJJ, and CBP/PTS were largely unable to accurately identify the full population of offenders who are mandated by *Cod*e to receive DSAT services. Without this information, the agencies and evaluators cannot determine the extent of compliance with the *Code* regarding service provision to eligible offenders. Current data systems are unable to identify offenders who should have been screened, but have not received this service. This is, in part, due to the disjointed nature of most systems, which contain screening and assessment activity in a database that is not being linked to offense information. The Workgroup and participating agencies should develop modifications to database systems and/or collection methods to remedy this problem. The Supreme Court of Virginia should also be consulted to examine the utility of court records to access this information.

12. The Secretary of Public Safety, in collaboration with the Secretary of Health and Human Resources, should take steps to improve data quality for DSAT cases, thereby providing more meaningful data for evaluation and administrative purposes.

One stated goal of the DSAT initiative is to establish data systems to maintain screening, assessment, and treatment information. Interviews with agency representatives identified several critical deficits in database capacity, including the inability to identify offenders who may be "slipping through the cracks" (i.e., those who should receive services, but do not; see Recommendation 11) and extremely limited treatment information. This problem is exacerbated by the fact that agencies clearly wish to avoid additional manual data collection, but are

simultaneously making little progress on modifying their existing automated systems to include information that is necessary for program monitoring and evaluation purposes. Another issue is a lack of quality assurance at some agencies. Local offices may enter pieces of information into the database that are clearly in conflict (e.g., an assessment date for an offender which precedes the screening date), but the state agency has no process in place to request and monitor corrections for such information.

The Secretary of Health and Human Resources should also be consulted because persons with substance abuse problems also fall under the purview of HHR, particularly with regard to education and treatment services available to these persons. Additionally, SJR 97, passed by the 2002 General Assembly, requests that the Secretary of Public Safety and the Secretary of Health and Human Resources join the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders.

This is an area where the Secretary of Public Safety might be able to affect change by issuing stronger directives to criminal justice agencies about the need for improved data collection, more vigilant quality assurance, and critical database modifications.

Evaluate Outcomes for DSAT Offenders

13. The Department of Criminal Justice Services, Criminal Justice Research Center should initiate an outcome evaluation of this initiative, which may include formal evaluations of selected substance abuse treatment programs for quality and desired outcomes. The Secretary of Public Safety, the Secretary of Health and Human Resources, and DSAT agencies should support this effort.

The current evaluation examined only the implementation of the DSAT initiative. The Interagency Workgroup also requested an outcome evaluation. The Department of Criminal Justice Services should continue to evaluate the DSAT initiative. Specifically, further evaluation should collect case-specific data in a sample of supervision programs statewide. Although existing database systems are unlikely to be able to exclusively support this effort, participating agencies should make strong efforts to modify systems to include appropriate monitoring and evaluation data. The Secretary of Public Safety's support of strengthened data systems will be critical to accomplish this task.

A number of questions require review in the outcome phase that have not been adequately addressed at this time, including:

- Are mandated offenders actually being screened as the *Code* requires? If not, who is not being screened as mandated and why?
- What kinds of treatment services are available?
- What is the nature and costs of available treatment services?
- Are offenders completing treatment? Why or why not?
- When is treatment considered to be successful from a mental health perspective?
- To what degree are offenders successfully completing treatment?

- Are court sanctions imposed if offenders are non-compliant? If so, what are these sanctions?
- Does treatment success reduce re-offending?
- Does treatment success impact short-term outcomes, such as employment, substance use, etc.?
- What data are needed to answer these questions?

The DCJS Research Center should develop an outcome evaluation plan to address these questions and submit the plan to the Committee for review. The instability of program funding sources complicates the ability to identify components of the initiative that will be available and/or meaningful to evaluate; therefore, the plan should be carefully constructed to consider this issue. The continuing evaluation effort will be structured to track program outcomes through existing databases and manual data collection, as deemed necessary by the evaluators. The Secretary of Public Safety and the Secretary of Health and Human Resources should support this effort and direct DSAT agencies to assist the evaluators in obtaining data that sufficiently measure program impact.

XV. Acknowledgements

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Appendix A

Legislation

§ 2.2-223. Interagency Drug Offender Screening and Assessment Committee.

The Secretary shall establish and chair an Interagency Drug Offender Screening and Assessment Committee to oversee the drug screening, assessment and treatment provisions of §§16.1-273, 16.1-278.1, 16.1-278.8, 18.2-251.01, 18.2-251, 18.2-252, 19.2-299 and 19.2-299.2 for defendants convicted in the criminal courts of the Commonwealth. The Committee shall include the Directors or Commissioners of the Department of Corrections; Department of Criminal Justice Services; Department of Juvenile Justice; Department of Mental Health, Mental Retardation and Substance Abuse Services; the Virginia Alcohol Safety Action Program; and the Virginia Criminal Sentencing Commission. The Committee shall have the responsibility to: (i) assist and monitor agencies in implementing the above-listed Code of Virginia sections, (ii) ensure quality and consistency in the screening and assessment process, (iii) promote interagency coordination and cooperation in the identification and treatment of drug abusing or drug dependent offenders, (iv) implement an evaluation process and conduct periodic program evaluations, and (v) make recommendations to the Governor and General Assembly regarding proposed expenditures from the Drug Assessment Fund. The Committee shall report on the status and effectiveness of offender drug screening, assessment and treatment to the Virginia State Crime Commission and the House Committees on Courts of Justice and Appropriations, and the Senate Committees on Courts of Justice and Finance by January 1 of each year.

§16.1-273. Court may require investigation of social history and preparation of victim impact statement.

A. When a juvenile and domestic relations district court or circuit court has adjudicated any case involving a child subject to the jurisdiction of the court hereunder, except for a traffic violation, a violation of the game and fish law or a violation of any city ordinance regulating surfing or establishing curfew violations, the court before final disposition thereof may require an investigation, which (i) shall include a drug screening and (ii) may include the physical, mental and social conditions, including an assessment of any affiliation with a youth gang as defined in §16.1-299.2, and personality of the child and the facts and circumstances surrounding the violation of law. However, in the case of a juvenile adjudicated delinquent on the basis of an act committed on or after January 1, 2000, which would be a felony if committed by an adult, or a violation under Article 1 (§18.2-247 et seq.) or Article 1.1 (§18.2-265.1 et seq.) of Chapter 7 of Title 18.2 and such offense would be punishable as a Class 1 or Class 2 misdemeanor if committed by an adult, the court shall order the juvenile to undergo a drug screening. If the drug screening indicates that the juvenile has a substance abuse or dependence problem, an assessment shall be completed by a certified substance abuse counselor as defined in §54.1-3500 employed by the Department of Juvenile Justice or by a locally operated court services unit or by an individual employed by or currently under contract to such agencies and who is specifically trained to conduct such assessments under the supervision of such counselor.

B. The court also shall, on motion of the attorney for the Commonwealth with the consent of the victim, or may in its discretion, require the preparation of a victim impact statement in accordance with the provisions of §19.2-299.1 if the court determines that the victim may have suffered significant physical, psychological or economic injury as a result of the violation of law.

§16.1-278.8:01. Juveniles found delinquent of first drug offense; screening; assessment; drug tests; costs and fees; education or treatment programs.

Whenever any juvenile who has not previously been found delinquent of any offense under Article 1 (§18.2-247 et seq.) of Chapter 7 of Title 18.2 or under any statute of the United States or of any state relating to narcotic drugs, marijuana, or stimulant, depressant or hallucinogenic drugs, or has not previously had a proceeding against him for a violation of such an offense dismissed as provided in §18.2-251, is found delinquent of any offense concerning the use, in any manner, of drugs, controlled substances, narcotics, marijuana, noxious chemical substances and like substances, the juvenile court or the circuit court shall require such juvenile to undergo a substance abuse screening pursuant to §16.1-273 and to submit to such periodic substance abuse testing, to include alcohol testing, as may be directed by the court. Such testing shall be conducted by a court services unit of the Department of Juvenile Justice, or by a locally operated court services unit or by personnel of any program or agency approved by the Department. The cost of such testing ordered by the court shall be paid by the Commonwealth from funds appropriated to the Department for this purpose. The court shall also order the juvenile to undergo such treatment or education program for substance abuse, if available, as the court deems appropriate based upon consideration of the substance abuse assessment. The treatment or education shall be provided by a program licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or by a similar program available through a facility or program operated by or under contract to the Department of Juvenile Justice or a locally operated court services unit or a program funded through the Virginia Juvenile Community Crime Control Act (§16.1-309.2 et seq.).

§18.2-251. Persons charged with first offense may be placed on probation; conditions; screening, assessment and education programs; drug tests; costs and fees; violations; discharge.

Whenever any person who has not previously been convicted of any offense under this article or under any statute of the United States or of any state relating to narcotic drugs, marijuana, or stimulant, depressant, or hallucinogenic drugs, or has not previously had a proceeding against him for violation of such an offense dismissed as provided in this section, pleads guilty to or enters a plea of not guilty to possession of a controlled substance under §18.2-250 or to possession of marijuana under §18.2-250.1, the court, upon such plea if the facts found by the court would justify a finding of guilt, without entering a judgment of guilt and with the consent of the accused, may defer further proceedings and place him on probation upon terms and conditions.

As a term or condition, the court shall require the accused to undergo a substance abuse assessment pursuant to §18.2-251.01 or §19.2-299.2, as appropriate, and enter a treatment and/or education program, if available, such as, in the opinion of the court, may be best suited to the needs of the accused based upon consideration of the substance abuse assessment. This program may be located in the judicial district in which the charge is brought or in any other judicial district as the court may provide. The services shall be provided by (i) a program licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services, by a similar program which is made available through the Department of Corrections, (ii) a community corrections program established pursuant to §53.1-180, or (iii) an ASAP program certified by the Commission on VASAP.

The court shall require the person entering such program under the provisions of this section to pay all or part of the costs of the program, including the costs of the screening, assessment,

testing, and treatment, based upon the accused's ability to pay unless the person is determined by the court to be indigent.

As a condition of probation, the court shall require the accused (i) to successfully complete the treatment or education program, (ii) to remain drug and alcohol free during the period of probation and submit to such tests during that period as may be necessary and appropriate to determine if the accused is drug and alcohol free, (iii) to make reasonable efforts to secure and maintain employment, and (iv) to comply with a plan of at least 100 hours of community service for a felony and up to twenty-four hours of community service for a misdemeanor. Such testing shall be conducted by personnel of the supervising probation agency or personnel of any program or agency approved by the supervising probation agency.

The court shall, unless done at arrest, order the accused to report to the original arresting law-enforcement agency to submit to fingerprinting.

Upon violation of a term or condition, the court may enter an adjudication of guilt and proceed as otherwise provided. Upon fulfillment of the terms and conditions, the court shall discharge the person and dismiss the proceedings against him. Discharge and dismissal under this section shall be without adjudication of guilt and is a conviction only for the purposes of applying this section in subsequent proceedings.

Notwithstanding any other provision of this section, whenever a court places an individual on probation upon terms and conditions pursuant to this section, such action shall be treated as a conviction for purposes of §§18.2-259.1, 22.1-315 and 46.2-390.1, and the driver's license forfeiture provisions of those sections shall be imposed. The provisions of this paragraph shall not be applicable to any offense for which a juvenile has had his license suspended or denied pursuant to §16.1-278.9 for the same offense.

§18.2-251.01. Substance abuse screening and assessment for felony convictions.

A. When a person is convicted of a felony, not a capital offense, committed on or after January 1, 2000, he shall be required to undergo a substance abuse screening and, if the screening indicates a substance abuse or dependence problem, an assessment by a certified substance abuse counselor as defined in §54.1-3500 employed by the Department of Corrections or by an agency employee under the supervision of such counselor. If the person is determined to have a substance abuse problem, the court shall require him to enter a treatment and/or education program, if available, in which, in the opinion of the court, is best suited to the needs of the person. This program may be located in the judicial district in which the conviction was had or in any other judicial district as the court may provide. The treatment and/or education program shall be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or shall be a similar program which is made available through the Department of Corrections if the court imposes a sentence of one year or more or, if the court imposes a sentence of twelve months or less, by a similar program available through a local or regional jail, a community corrections program established pursuant to §53.1-180, or an ASAP program certified by the Commission on VASAP. The program may require the person entering such program under the provisions of this section to pay a fee for the education and treatment component, or both, based upon the defendant’s ability to pay.

B. As a condition of any suspended sentence and probation, the court shall order the person to undergo periodic testing and treatment for substance abuse, if available, as the court deems appropriate based upon consideration of the substance abuse assessment.

§18.2-251.02. Drug Offender Assessment Fund.

There is hereby established in the state treasury the Drug Offender Assessment Fund which shall consist of moneys received from fees imposed on certain drug offense convictions pursuant to subdivisions A 10 and A 11 of §17.1-275 and §16.1-69.48:3. All interest derived from the deposit and investment of moneys in the Fund shall be credited to the Fund. Any moneys not appropriated by the General Assembly shall remain in the Drug Offender Assessment Fund and shall not be transferred or revert to the general fund at the end of any fiscal year. All moneys in the Fund shall be subject to annual appropriation by the General Assembly to the Department of Corrections, the Department of Juvenile Justice and the Commission on VASAP to implement and operate the offender substance abuse screening and assessment program.

§18.2-252. Suspended sentence conditioned upon substance abuse screening, assessment, testing, and treatment or education.

The trial judge or court trying the case of any person found guilty of violating any law concerning the use, in any manner, of drugs, controlled substances, narcotics, marijuana, noxious chemical substances and like substances, shall condition any suspended sentence by first requiring such person to agree to undergo a substance abuse screening pursuant to §18.2-251.01 and to submit to such periodic substance abuse testing, to include alcohol testing, as may be directed by the court. Such testing shall be conducted by the supervising probation agency or by personnel of any program or agency approved by the supervising probation agency. The cost of such testing ordered by the court shall be paid by the Commonwealth and taxed as a part of the costs of such criminal proceedings. The judge or court shall order the person, as a condition of any suspended sentence, to undergo such treatment or education for substance abuse, if available, as the judge or court deems appropriate based upon consideration of the substance abuse assessment. The treatment or education shall be provided by a program licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services, by a similar program available through the Department of Corrections if the court imposes a sentence of one year or more or, if the court imposes a sentence of twelve months or less, by a similar program available through a local or regional jail, a community corrections program established pursuant to §53.1-180, or an ASAP program certified by the Commission on VASAP.

§18.2-254. Commitment of convicted person for treatment for drug or alcohol abuse.

A. Whenever any person who has not previously been convicted of any offense under this article or under any statute of the United States or of any state relating to narcotic drugs, marijuana, stimulant, depressant, or hallucinogenic drugs, or has not previously had a proceeding against him for violation of such an offense dismissed as provided in §18.2-251, is found guilty of violating any law concerning the use, in any manner, of drugs, controlled substances, narcotics, marijuana, noxious chemical substances and like substances, the judge or court shall require such person to undergo a substance abuse screening pursuant to §18.2-251.01 and to submit to such periodic substance abuse testing, to include alcohol testing, as may be directed by the court. The

cost of such testing ordered by the court shall be paid by the Commonwealth and taxed as a part of the costs of the criminal proceedings. The judge or court shall also order the person to undergo such treatment or education for substance abuse, if available, as the judge or court deems appropriate based upon consideration of the substance abuse assessment. The treatment or education shall be provided by a program licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or by a similar program available through the Department of Corrections if the court imposes a sentence of one year or more or, if the court imposes a sentence of twelve months or less, by a similar program available through a local or regional jail, a community corrections program established pursuant to §53.1-180, or an ASAP program certified by the Commission on VASAP.

B. The court trying the case of any person alleged to have committed any offense designated by this article or by the Drug Control Act (§54.1-3400 et seq.) or in any other criminal case in which the commission of the offense was motivated by, or closely related to, the use of drugs and determined by the court, pursuant to a substance abuse screening and assessment to be in need of treatment for the use of drugs may commit, based upon a consideration of the substance abuse assessment, such person, upon his conviction, to any facility for the treatment of persons for the intemperate use of narcotic or other controlled substances, licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services, if space is available in such facility, for a period of time not in excess of the maximum term of imprisonment specified as the penalty for conviction of such offense or, if sentence was determined by a jury, not in excess of the term of imprisonment as set by such jury. Confinement under such commitment shall be, in all regards, treated as confinement in a penal institution and the person so committed may be convicted of escape if he leaves the place of commitment without authority. The court may revoke such commitment, at any time, and transfer the person to an appropriate state or local correctional facility. Upon presentation of a certified statement from the director of the treatment facility to the effect that the confined person has successfully responded to treatment, the court may release such confined person prior to the termination of the period of time for which such person was confined and may suspend the remainder of the term upon such conditions as the court may prescribe.

C. The court trying a case in which commission of the offense was related to the defendant's habitual abuse of alcohol and in which the court determines, pursuant to a substance abuse screening and assessment, that such defendant is an alcoholic as defined in §37.1-1 and in need of treatment, may commit, based upon a consideration of the substance abuse assessment, such person, upon his conviction, to any facility for the treatment of alcoholics licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services, if space is available in such facility, for a period of time not in excess of the maximum term of imprisonment specified as the penalty for conviction. Confinement under such commitment shall be, in all regards, treated as confinement in a penal institution and the person so committed may be convicted of escape if he leaves the place of commitment without authority. The court may revoke such commitment, at any time, and transfer the person to an appropriate state or local correctional facility. Upon presentation of a certified statement from the director of the treatment facility to the effect that the confined person has successfully responded to treatment, the court may release such confined person prior to the termination of the period of time for which such person was confined and may suspend the remainder of the term upon such conditions as the court may prescribe.

§19.2-123. Release of accused on secured or unsecured bond or promise to appear; conditions of release.

A. Any person arrested for a felony who has previously been convicted of a felony, or who is presently on bond for an unrelated arrest in any jurisdiction, or who is on probation or parole, may be released only upon a secure bond. This provision may be waived with the approval of the judicial officer and with the concurrence of the attorney for the Commonwealth or the attorney for the county, city or town. Subject to the foregoing, when a person is arrested for either a felony or a misdemeanor, any judicial officer may impose any one or any combination of the following conditions of release:

1. Place the person in the custody and supervision of a designated person, organization or pretrial services agency which, for the purposes of this section, shall not include a court services unit established pursuant to §16.1-233;

2. Place restrictions on the travel, association or place of abode of the person during the period of release and restrict contacts with household members for a period not to exceed seventy-two hours;

2a. Require the execution of an unsecured bond;

3. Require the execution of a secure bond which at the option of the accused shall be satisfied with sufficient solvent sureties, or the deposit of cash in lieu thereof. Only the actual value of any interest in real estate or personal property owned by the proposed surety shall be considered in determining solvency and solvency shall be found if the value of the proposed surety's equity in the real estate or personal property equals or exceeds the amount of the bond;

3a. Require that the person do any or all of the following: (i) maintain employment or, if unemployed, actively seek employment; (ii) maintain or commence an educational program; (iii) avoid all contact with an alleged victim of the crime and with any potential witness who may testify concerning the offense; (iv) comply with a specified curfew; (v) refrain from possessing a firearm, destructive device, or other dangerous weapon; (vi) refrain from excessive use of alcohol, or use of any illegal drug or any controlled substance not prescribed by a health care provider; and (vii) submit to testing for drugs and alcohol until the final disposition of his case; or

4. Impose any other condition deemed reasonably necessary to assure appearance as required, and to assure his good behavior pending trial, including a condition requiring that the person return to custody after specified hours or be placed on home electronic incarceration pursuant to §53.1-131.2.

Upon satisfaction of the terms of recognizance, the accused shall be released forthwith.

In addition, where the accused is a resident of a state training center for the mentally retarded, the judicial officer may place the person in the custody of the director of the state facility, if the director agrees to accept custody. Such director is hereby authorized to take custody of such person and to maintain him at the training center prior to a trial or hearing under such circumstances as will reasonably assure the appearance of the accused for the trial or hearing.

B. In any jurisdiction served by a pretrial services agency which offers a drug or alcohol screening or testing program approved for the purposes of this subsection by the chief general district court judge, any such person charged with a crime may be requested by such agency to give voluntarily a urine sample, submit to a drug or alcohol screening, or take a breath test for presence of alcohol. A sample may be analyzed for the presence of phencyclidine (PCP), barbiturates, cocaine, opiates or such other drugs as the agency may deem appropriate prior to any hearing to establish bail. The judicial officer and agency shall inform the accused or juvenile being screened or tested that test results shall be used by a judicial officer only at a bail hearing and only to determine appropriate conditions of release or to reconsider the conditions of bail at a subsequent hearing. All screening or test results, and any pretrial investigation report containing the screening or test results, shall be confidential with access thereto limited to judicial officers, the attorney for the Commonwealth, defense counsel, other pretrial service agencies, any criminal justice agency as defined in §9.1-101 and, in cases where a juvenile is screened or tested, the parents or legal guardian or custodian of such juvenile. However, in no event shall the judicial officer have access to any screening or test result prior to making a bail release determination or to determining the amount of bond, if any. Following this determination, the judicial officer shall consider the screening or test results and the screening or testing agency's report and accompanying recommendations, if any, in setting appropriate conditions of release. In no event shall a decision regarding a release determination be subject to reversal on the sole basis of such screening or test results. Any accused or juvenile whose urine sample has tested positive for such drugs and who is admitted to bail may, as a condition of release, be ordered to refrain from use of alcohol or illegal drugs and may be required to be tested on a periodic basis until final disposition of his case to ensure his compliance with the order. Sanctions for a violation of any condition of release, which violations shall include subsequent positive drug or alcohol test results or failure to report as ordered for testing, may be imposed in the discretion of the judicial officer and may include imposition of more stringent conditions of release, contempt of court proceedings or revocation of release. Any test given under the provisions of this subsection which yields a positive drug or alcohol test result shall be reconfirmed by a second test if the person tested denies or contests the initial drug or alcohol test positive result. The results of any drug or alcohol test conducted pursuant to this subsection shall not be admissible in any judicial proceeding other than for the imposition of sanctions for a violation of a condition of release.

§19.2-299. Investigations and reports by probation officers in certain cases.

A. When a person is tried in a circuit court (i) upon a charge of assault and battery in violation of §18.2-57 or §18.2-57.2, stalking in violation of §18.2-60.3, sexual battery in violation of §18.2-67.4, attempted sexual battery in violation of §18.2-67.5, or driving while intoxicated in violation of §18.2-266, and is adjudged guilty of such charge, the court may, or on motion of the defendant shall, or (ii) upon a felony charge not set forth in subdivision (iii) below, the court may when there is a plea agreement between the defendant and the Commonwealth and shall when the defendant pleads guilty without a plea agreement or is found guilty by the court after a plea of not guilty, or (iii) the court shall when a person is charged and adjudged guilty of a felony violation, or conspiracy to commit or attempt to commit a felony violation, of §§18.2-61, 18.2-63, 18.2-64.1, 18.2-64.2, 18.2-67.1, 18.2-67.2, 18.2-67.2:1, 18.2-67.3, 18.2-67.4:1, 18.2-67.5:1, 18.2-355, 18.2-356, 18.2-357, 18.2-358, 18.2-361, 18.2-362, 18.2-366, 18.2-367, 18.2-368, 18.2-370, 18.2-370.1, or §18.2-370.2, or any attempt to commit or conspiracy to commit any felony

violation of §§18.2-67.5, 18.2-67.5:2, or §18.2-67.5:3, direct a probation officer of such court to thoroughly investigate and report upon the history of the accused, including a report of the accused's criminal record as an adult and available juvenile court records, and all other relevant facts, to fully advise the court so the court may determine the appropriate sentence to be imposed. The probation officer, after having furnished a copy of this report at least five days prior to sentencing to counsel for the accused and the attorney for the Commonwealth for their permanent use, shall submit his report in advance of the sentencing hearing to the judge in chambers, who shall keep such report confidential. The probation officer shall be available to testify from this report in open court in the presence of the accused, who shall have been advised of its contents and be given the right to cross-examine the investigating officer as to any matter contained therein and to present any additional facts bearing upon the matter. The report of the investigating officer shall at all times be kept confidential by each recipient, and shall be filed as a part of the record in the case. Any report so filed shall be sealed upon the entry of the sentencing order by the court and made available only by court order, except that such reports or copies thereof shall be available at any time to any criminal justice agency, as defined in §9.1-101, of this or any other state or of the United States; to any agency where the accused is referred for treatment by the court or by probation and parole services; and to counsel for any person who has been indicted jointly for the same felony as the person subject to the report. Any report prepared pursuant to the provisions hereof shall without court order be made available to counsel for the person who is the subject of the report if that person is charged with a felony subsequent to the time of the preparation of the report. The presentence report shall be in a form prescribed by the Department of Corrections. In all cases where such report is not ordered, a simplified report shall be prepared on a form prescribed by the Department of Corrections.

B. As a part of any presentence investigation conducted pursuant to subsection A when the offense for which the defendant was convicted was a felony, the court probation officer shall advise any victim of such offense in writing that he may submit to the Virginia Parole Board a written request (i) to be given the opportunity to submit to the Board a written statement in advance of any parole hearing describing the impact of the offense upon him and his opinion regarding the defendant's release and (ii) to receive copies of such other notifications pertaining to the defendant as the Board may provide pursuant to subsection B of §53.1-155.

C. As part of any presentence investigation conducted pursuant to subsection A when the offense for which the defendant was convicted was a felony drug offense set forth in Article 1 (§18.2-247 et seq.) of Chapter 7 of Title 18.2, the presentence report shall include any known association of the defendant with illicit drug operations or markets.

D. As a part of any presentence investigation conducted pursuant to subsection A, when the offense for which the defendant was convicted was a felony, not a capital offense, committed on or after January 1, 2000, the defendant shall be required to undergo a substance abuse screening pursuant to §18.2-251.01.

§19.2-299.2. Alcohol and substance abuse screening and assessment for designated Class 1 misdemeanor convictions.

A. When a person is convicted of any offense committed on or after January 1, 2000, under Article 1 (§18.2-247 et seq.) or Article 1.1 (§18.2-265.1 et seq.) of Chapter 7 of Title 18.2, and such offense is punishable as a Class 1 misdemeanor, the court shall order the person to undergo a substance abuse screening as part of the sentence if the defendant's sentence includes probation supervision by a local community-based probation program established pursuant to Article 2 (§53.1-180 et seq.) of Chapter 5 of Title 53.1 or participation in a local alcohol safety action program. Whenever a court requires a person to enter into and successfully complete an alcohol safety action program pursuant to §18.2-271.1 for a second offense of the type described therein, or orders an evaluation of a person to be conducted by an alcohol safety action program pursuant to any provision of §46.2-391, the alcohol safety action program shall assess such person's degree of alcohol abuse before determining the appropriate level of treatment to be provided or to be recommended for such person being evaluated pursuant to §46.2-391.

The court may order such screening upon conviction as part of the sentence of any other Class 1 misdemeanor if the defendant's sentence includes probation supervision by a local community-based probation program established pursuant to Article 2 (§53.1-180 et seq.) of Chapter 5 of Title 53.1, participation in a local alcohol safety action program or any other sanction and the court has reason to believe the defendant has a substance abuse or dependence problem.

B. A substance abuse screening ordered pursuant to this section shall be conducted by the local alcohol safety action program. When an offender is ordered to enter programming under the local community-based probation program established pursuant to Article 2 (§53.1-180 et seq.) of Chapter 5 of Title 53.1, rather than the local alcohol safety action program, the local community-based probation program shall be responsible for the screening. However, if a local community-based probation program has not been established for the locality, the local alcohol safety action program shall conduct the screening as part of the sentence.

C. If the screening indicates that the person has a substance abuse or dependence problem, an assessment shall be completed and if the assessment confirms that the person has a substance abuse or dependence problem, as a condition of a suspended sentence and probation, the court shall order the person to complete the substance abuse education and intervention component, or both as appropriate, of the local alcohol safety action program or such other treatment program, if available, such as in the opinion of the court would be best suited to the needs of the person. If the referral is to the local alcohol safety action program, the program may charge a fee for the education and intervention component, or both, not to exceed $300, based upon the defendant's ability to pay.

Appendix B

Selected Screening and Assessment Instruments for Juvenile and Adult Offenders

Selected Screening and Assessment Instruments for Juvenile and Adult Offenders

Juvenile Offenders:

Substance Abuse Subtle Screening Instrument – Adolescent 2 (SASSI-A2)

The SASSI-A2 is a self-report instrument containing 28 items asking about the presence and frequency of certain alcohol and drug-related behaviors and consequences and an additional 72 true-false items addressing various indicators of psychological functioning. There are separate profiles for males and females. The SASSI-A2 yields scores on ten scales, two of which are direct, face valid measures of alcohol and drug use behavior and consequences. Seven scales address indirect indicators of the presence of a substance abuse disorder, which enhance the instrument's overall validity. These scales include Family and Friends Risk, Attitudes, Symptoms, Obvious Attributes, Subtle Attributes, Defensiveness, and a Supplemental Addiction Measure. An additional Correctional scale measures the respondent's risk for involvement in the legal system. The SASSI-A2 uses a set of decision rules to determine a juvenile's probability of having a substance abuse or dependence disorder, and the need for a more comprehensive assessment. The instrument takes approximately 15 minutes to complete and score. The SASSI-A2 is proprietary and costs approximately $1.25 per administration. Software for SASSI-A2 administration and scoring/interpretation is available from the SASSI Institute.

Child and Adolescent Functional Assessment Scale (CAFAS)

The CAFAS is a clinical rating scale that measures impairment of adolescents in five areas including role performance, thinking, behavior towards others, moods/self-harm, and substance use. The CAFAS yields scores ranging from no or minimal impairment to severe impairment. Standard clinical assessment upon which the CAFAS is based typically takes between 45 and 90 minutes. Completion of the instrument (form) takes between 10 and 15 minutes. While the CAFAS contains a substance abuse dimension, DJJ considers the Drug and Alcohol section of the APSI to be a more useful tool in assessing drug and alcohol behaviors among juvenile justice populations. The CAFAS costs approximately $1.40 per administration along with an annual license fee of $100.

Adolescent Problem Severity Index – Drug and Alcohol Section (APSI)

The APSI is an 85-item interview instrument designed to help probation officers examine drug and alcohol abuse and problems in other areas of functioning among adolescents. The instrument examines the use of cigarettes, drugs, and alcohol by the respondent; age of first use; frequency and quantity of use; tolerance and withdrawal; behaviors related to addiction; and perceived consequences of substance use. The APSI also examines use of drugs and alcohol by the adolescent's peer group and immediate family members. The APSI takes approximately 45 minutes to complete, with two types of scores produced, a sub-section composite score (relative to age of first use, frequency, and prevalence of substance use), and a severity rating ranging from 0 to 3. The instrument is in the public domain and is available free of charge.

Adult Offenders:

Simple Screening Instrument (SSI)

The SSI includes 16 questions designed to address drug and alcohol consumption, preoccupation with drugs and alcohol, loss of control and adverse consequences related to use, the offender's recognition of problems related to substance use, and the development of tolerance and withdrawal related to prolonged substance use. There are two versions of the SSI, a self-report version and an interview version, including an observational checklist of physical signs and symptoms of recent substance use (e.g., needle marks, tremors, slurred speech, inability to focus, etc.). A score of 4 or more indicates a moderate to high degree of risk for substance abuse, suggesting a need for a full assessment. The SSI takes approximately 5 minutes to complete and is in the public domain and, therefore, free of charge.

Addiction Severity Index (ASI)

The ASI contains 130 questions and includes scales for alcohol and drug use, medical, illegal activity, family/social, employment, and psychological dimensions. The ASI is widely used to determine treatment needs of an offender and to establish an appropriate individualized treatment plan. The ASI does not have to be administered by a certified substance abuse counselor, but some standardized training is required for administration. The ASI is free of charge.

Appendix C

Monthly Screening and Assessment Activity Reporting Form and Instructions

Monthly Substance Abuse Screening & Assessment Activity Report
DCJS, DOC and VASAP Individual Office Report

Reporting Office: _____ Report for Month: _____ Fiscal Year: _____

	(1) Screenings Ordered or Required This Month	(2) Screenings Completed This Month	(3) Screenings Completed This Month Indicating Assessment Needed		(4) Assessments Completed This Month	(5) Assessments Completed This Month Indicating Education and/or Treatment Needed		(6) Persons Actually Placed in Education and/or Treatment Programs This Month
			(3a) Based on SSI result	(3b) Based on other factors		(5a) Based on ASI result	(5b) Based on other factors	
Total for This Month								

Report <u>only</u> screening and assessment activities performed to comply with provisions of §§18.2-251.01, 19.2-299, 19.2-299.2, and 19.2-123B of the *Code of Virginia*.

Send this report to your agency contact by the 15th day of the month following the reporting month.

Instructions for Completing Monthly Substance Abuse Screening & Assessment Activity Report

This form is used to report monthly substance abuse screening, assessment, and placement activities performed by your office on defendants/offenders based on the provisions contained in §§18.2-251.01, 19.2-299, 19.2-299.2, and 19.2-123B of the *Code of Virginia*. This information will be used to assess the activities and efforts required to comply with the aforementioned provisions. Please refer to your agency's written Substance Abuse Screening and Assessment Protocol for instructions on conducting screenings and assessments. Additional questions should be directed to your agency's designated representative.

Instructions for reporting each item are detailed below. For each column, please provide totals for the current reporting month.

Screenings Ordered or Required This Month (Column 1): Enter the total number of screenings your office was court-ordered to perform, and/or screenings determined to be required to comply with the above-referenced provisions of the *Code of Virginia*. Report screenings ordered or required regardless of when they were conducted.

Report only screenings ordered or required to comply with the provisions of §§18.2-251.01, 19.2-299, 19.2-299.2, and 19.2-123B of the Code of Virginia.

Screenings Completed This Month (Column 2): Enter the total number of screenings your office, and/or its contracted screening provider(s), completed during the reporting month. Include all *completed* screenings:

- Using the Simple Screening Instrument (SSI);
- Using the SSI *and* another screening instrument;
- Using an instrument *other than* the SSI;
- Using the SSI in addition to other screening activities (i.e., urinalysis);
- Regardless of when the screening was ordered or required to comply with the above-referenced provisions of the *Code of Virginia*.

A *completed screening* means the entire screening process has concluded. Count only one completed screening per individual, regardless of how many instruments or activities were included in the screening process.

<u>Screenings Completed This Month Indicating Assessment Needed (Column 3):</u>

Based on SSI Result (Column 3a): Enter the total number of screenings completed during the reporting month in which the SSI result *(including the observational checklist)* indicated a need for further assessment.

Based on Other Factors (Column 3b): Enter the total number of screenings completed during the reporting month in which the SSI result *did not* indicate a need for further assessment, but an assessment was deemed necessary based on other factors. Other factors include self-report of abuse, positive urinalysis, new drug offense conviction, and a review of criminal or substance

abuse history reports. Screenings conducted using an instrument *other than* the SSI that indicated a need for further assessment are also included in this total.

Assessments Completed This Month (Column 4): Enter the total number of assessments your office, and/or its contracted assessment provider(s), completed during the reporting month. Include all *completed* assessments:

- Using the Addiction Severity Index (ASI);
- Using the ASI *and* another assessment instrument;
- Using an instrument *other than* the ASI;
- Using the ASI in addition to other assessment activities;
- Regardless of when the need for further assessment was identified.

A *completed assessment* means the entire assessment process has concluded. Count only one completed assessment per individual, regardless of how many instruments or activities were included in the assessment process.

Assessments Completed This Month Indicating Education and/or Treatment Needed (Column 5):

Based on ASI Result (Column 5a): Enter the total number of assessments completed during the reporting month in which the ASI result indicated a need for substance abuse education and/or treatment.

Based on Other Factors (Column 5b): Enter the total number of assessments completed during the reporting month in which the ASI result *did not* indicate a need for education and/or treatment, but education and/or treatment was deemed appropriate based on other factors. Other factors include self-report of abuse, obvious signs of abuse (i.e., need marks), positive urinalysis, new drug offense conviction, and a review of criminal or substance abuse history reports. Assessments conducted using an instrument *other than* the ASI that demonstrated the need for education and/or treatment are also included in this total.

Persons Actually Placed in Education and/or Treatment Programs This Month (Column 6): Enter the total number of individuals who *began participating* in a substance abuse education and/or treatment program during the reporting month. *Include all persons*:

- Who were referred to and began attending substance abuse education or treatment during the current reporting month;
- Who were referred in previous months but did not begin active participation until the current reporting month;
- Who began participating in a substance abuse education or treatment program operated by your agency, a paid contractor, or an unpaid provider;
- Who were placed in a substance abuse education or treatment program regardless of when the need was identified.

Thank you for providing this information.

Monthly Substance Abuse Screening & Assessment Activity Report

Department of Juvenile Justice Individual Court Services Unit Report

Reporting Office: _____ Report for Month: _____ Fiscal Year: _____

	(1) Screenings Ordered or Required This Month	(2) Screenings Completed This Month	(3) Screenings Completed This Month Indicating Assessment Needed		(4) Assessments Completed This Month	(5) Assessments Completed This Month Indicating Education and/or Treatment Needed		(6) Persons Actually Placed in Education and/or Treatment Programs This Month
			(3a) Based on SASSI-A2 result	(3b) Based on other factors		(5a) Based on CAFAS result	(5b) Based on other factors	
Total for This Month								

Report <u>only</u> screening and assessment activities performed to comply with provisions of §16.1-273 of the *Code of Virginia*.

Send this report to your agency contact by the 15th day of the month following the reporting month.

Instructions for Completing Monthly Substance Abuse Screening & Assessment Activity Report

This form is used to report monthly substance abuse screening, assessment, and placement activities performed by your office on juvenile offenders based on the provisions contained in §16.1-273 of the *Code of Virginia*. This information will be used to assess the activities and efforts required to comply with the aforementioned provisions. Please refer to your agency's written Substance Abuse Screening and Assessment Protocol for instructions on conducting screenings and assessments. Additional questions should be directed to your agency representative.

Instructions for reporting each item are detailed below. For each column, please provide totals for the reporting month.

Screenings Ordered or Required This Month (Column 1): Enter the total number of screenings your office was court-ordered to perform, and/or screenings determined to be required to comply with the above-referenced provisions of the *Code of Virginia*. Report screenings ordered or required regardless of when they were conducted (i.e., screening ordered in May, conducted in June is reported in Column 1 for May, Column 2 for June).

Report only screenings ordered or required to comply with the provisions of §16.1–273 of the Code of Virginia.

Screenings Completed This Month (Column 2): Enter the total number of screenings your office, and/or its contracted screening provider(s), completed during the reporting month. Include all *completed* screenings:

- Using the Substance Abuse Subtle Screening Instrument – Adolescent 2 (SASSI-A2);
- Using the SASSI-A2 *and* another screening instrument;
- Using an instrument *other than* the SASSI-A2;
- Using the SASSI-A2 in addition to other screening activities (i.e., urinalysis);
- Regardless of when the screening was ordered or required to comply with the above-referenced provisions of the *Code of Virginia* (i.e., screening ordered in May, conducted in June is reported in Column 2 for June).

A *completed screening* means the entire screening process has concluded. Count only one completed screening per individual, regardless of how many instruments or activities were included in the screening process.

<u>Screenings Completed This Month Indicating Assessment Needed (Column 3):</u>

Based on SASSI-A2 Result: Enter the total number of screenings completed during the reporting month in which the SASSI-A2 result indicated a need for further assessment.

Based on Other Factors: Enter the total number of screenings completed during the reporting month in which the SASSI-A2 result *did not* indicate a need for further assessment, but an assessment was deemed necessary based on other factors. Other factors include self-report of abuse, obvious signs of abuse (i.e., needle marks), positive urinalysis, new drug offense

conviction, and prior criminal or substance abuse history. Screenings conducted using an instrument *other than* the SASSI-A2 that indicated a need for further assessment are also included in this total.

Assessments Completed This Month (Column 4): Enter the total number of assessments your office, and/or its contracted assessment provider(s), completed during the reporting month. Include all *completed* assessments:

- Using the Child and Adolescent Functional Assessment Scale (CAFAS) and the Drug and Alcohol scale of the Adolescent Problem Severity Index (APSI);
- Using the CAFAS and APSI *and* another assessment instrument;
- Using an instrument *other than* the CAFAS or APSI;
- Using the CAFAS and APSI in addition to other assessment activities;
- Regardless of when the need for further assessment was identified (i.e., screening completed in June, assessment conducted in July is reported in Column 3 for June, Column 4 for July).

A *completed assessment* means the entire assessment process has concluded. Count only one completed assessment per individual, regardless of how many instruments or activities were included in the assessment process.

Assessments Completed This Month Indicating Education and/or Treatment Needed (Column 5):

Based on CAFAS Result: Enter the total number of assessments completed during the reporting month in which the CAFAS result indicated a need for substance abuse education and/or treatment.

Based on Other Factors: Enter the total number of assessments completed during the reporting month in which the CAFAS result *did not* indicate a need for education and/or treatment, but education and/or treatment was deemed appropriate based on other factors. Other factors include an APSI score indicating a need for education or treatment, self-report of abuse, obvious signs of abuse (i.e., need marks), positive urinalysis, new drug offense conviction, and prior criminal or substance abuse history. Assessments conducted using an instrument *other than* the CAFAS or APSI that demonstrated the need for education and/or treatment are also included in this total.

Persons Actually Placed in Education and/or Treatment This Month (Column 6): Enter the total number of individuals who began participating in a substance abuse education and/or treatment program during the reporting month. *Include all persons*:

- Who were referred to and began attending substance abuse education or treatment during the current reporting month;
- Who were referred in previous months but did not begin active participation until the current reporting month;
- Who began participating in a substance abuse education or treatment program operated by your agency, a paid contractor, or an unpaid provider during the current reporting month;

- Who began participating in a substance abuse education or treatment program regardless of when the need was identified (i.e., assessment conducted July 1, participation began August 1 is reported in Column 5 for July, Column 6 for August).

Thank you for providing this information.

Appendix D

Consent to Release Confidential Information and Protocols

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION: CRIMINAL JUSTICE SYSTEM REFERRAL

I, _____, hereby consent to communication between

_____ and _____

to release the following indicated information: (Check all that apply)

- ☐ Substance abuse screening and assessment results
- ☐ Written outline of treatment plan
- ☐ Notice of progress in treatment or lack thereof
- ☐ Results of final court disposition
- ☐ Notice of any positive drug screening tests
- ☐ Notice of any absences
- ☐ Written summary of my response to treatment at the conclusion of services
- ☐ Summary of criminal history, correctional status, and instant offense
- ☐ Information to include emotional, mental and physical health, medical records, school records, test scores, academic records, behavior memoranda, all court records, employment records (past and present), any military history

☐ Other: _____

for the purpose of:

- ☐ Pretrial investigation/supervision
- ☐ Treatment assessment
- ☐ Treatment/educational services
- ☐ Probation or parole supervision
- ☐ Pre/post sentence investigation
- ☐ Court/Parole Board reports

☐ Other specified purpose: _____
(Treatment service consent may only have one purpose checked per form)

I understand that all information generated or obtained through my participation in substance abuse treatment is **protected** by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may re-disclose only in accordance with the above-mentioned regulations and/or the resolution of the court proceedings under which I was mandated into treatment and/or through this consent for the release of confidential information. This information includes, but is not limited to, substance abuse screening/assessment results, treatment plans, attendance at treatment sessions, progress in treatment or lack thereof, results of any positive drug screening tests if conducted by the treatment provider, and summary of my response to treatment at the conclusion of services. I also have read or have had explained to me any Qualified Service Agreements which provide for exchange of information regarding the processing of my case. _____ (Initials of Offender)

I understand that information generated or obtained through the processing of my case through the criminal justice system **that is not related to my participation in substance abuse treatment is not protected** under federal confidentiality regulations and may be used by the courts in sentencing, the Virginia Parole Board in releasing decisions, other criminal justice agencies and the Department of Corrections in the investigation and supervision of my case during probation, incarceration, pretrial supervision, post-release supervision, and/or parole to include any application for supervision transfer to a member of the interstate compact. _____ (Initials of Offender)

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective release from probation, parole, or other court proceeding under which I was mandated into treatment. I attest to having read, or been read, this document and fully understand same. I request that all such persons/agencies accept a photocopy of this document and release information that is checked above and is consistent with the purpose stated in this document.

Projected termination date of consent _____

_____ (Date)

_____
(Signature of Offender)

_____
(Signature of authorized individual, if required)

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION: CRIMINAL JUSTICE SYSTEM REFERRAL PROTOCOL

Any agency that specializes in whole, or in part, in providing treatment, counseling, and/or assessment and referral services for patients with alcohol or drug problems must comply with federal confidentiality regulations (42 U.S.C. §§290dd-3 and ee-3 and 42 Code of Federal Regulations Part 2). These federal regulations apply to programs that receive federal assistance, and include organizations that receive direct or indirect forms of federal aid such as tax-exempt status, or state or local funding coming in whole, or in part, from the federal government. There are specific provisions in the federal regulations that provide for exchange of information about the offenders' entry, progress, and completion of substance abuse services.

The consent of the individual to exchange information between the criminal justice agency and the substance abuse service provider is the primary method to ensure compliance with the federal regulations and to ensure appropriate exchange of information between the criminal justice agency, courts, Commonwealth's attorneys, defense attorneys, treatment agencies, and any other entity to whom information about the offender may be shared. More than one recipient can be named in a consent form if the information to be disclosed and the purpose are the same for all recipients of the information. Examples include: results of screening and assessment; information about treatment progress and/or completion; and results of toxicology tests to courts, Commonwealth's attorneys, and defense attorneys, etc., for the purpose of case processing. The Interagency Committee has developed a Model Consent for the Release of Confidential Information that meets all requirements of the confidentiality regulations and is required for all offenders referred for services under SABRE.

The Model Consent form must be signed and dated by every offender immediately upon entry into the screening and assessment process. Any offender who does not sign a Consent form should be returned to the court as non-compliant since exchange of information is essential to program operation. The Consent form must be filled out completely to include the offender's name, name of the referring agency, name of the agency receiving the information, a complete listing of the information to be disclosed (checkboxes), purpose of the disclosure, and a projected date of release from supervision. Individuals may not revoke their consent to release information prior to their release from supervision if they wish to remain enrolled in the program.

PROHIBITION AGAINST REDISCLOSURE OF CONFIDENTIAL INFORMATION

This information is protected by federal confidentiality regulations (42 CFR Part 2). The federal regulations prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical, criminal or other information is **NOT** sufficient for this purpose. The federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

RECORDS MANAGEMENT PROTOCOL

Any records which are subject to federal laws and regulations that protect information about all persons receiving alcohol and drug abuse prevention and treatment services (42 U.S.C. §§290dd-3 and ee-3 and 42 CFR Part 2, Section 2.16) must maintain and protect those records in a secure room, locked file cabinet, safe or other similar container when not in use. Each program shall adopt in writing procedures that regulate and control access to and use of written records that are subject to the Confidentiality Regulations.

The Interagency Committee recommends that information pertaining to offenders' substance abuse assessment, referral, and treatment be kept in a file separate from criminal justice records. Each file must be distinctly labeled indicating that records contained therein are subject to federal confidentiality regulations and the prohibitions against redisclosure. Office staff who are not part of the screening, assessment, and referral process may not have unrestricted access to these records. Disclosures to office staff who have a need for an offender's substance abuse assessment, referral, and treatment information are permissible once the offender has signed a criminal justice system consent form. The Interagency Committee further recommends that all participating offenders sign an approved consent form prior to the screening process. In order to ensure appropriate compliance with the confidentiality regulations, offenders may need to sign multiple consent forms, or if the "information" to be disclosed and the "purpose" are the same for all recipients of the information, multiple entities of a single form are permissible.

Virginia Department of Juvenile Justice

Consent for Release of Substance Abuse
Screening and Assessment Information

I, _____, hereby consent to communication
(Juvenile's Name)
between the Virginia Department of Juvenile Justice and:

(Check all that apply)

- ___ District Juvenile and Domestic Relations Court
- Commonwealth Attorney for the City / County of _____
- Defense Counsel, _____
- Parent / Legal Guardian, _____
- Treatment Provider / Agency, _____
- Other parties as specified, _____

The specific information to be disclosed is the results of substance abuse screening and assessment ordered by the court under *Code of Virginia* §§16.1-273, 16.1-278-7a, or 16.1-278.8:01. I understand that the purpose of this disclosure is to inform the above indicated person(s) and / or agencies of the results of my substance abuse screening and assessment to assist in the determination of the type of substance abuse services that may be needed.

I also understand that this information may become a part of my Department of Juvenile Justice record, and be shared with other Department of Juvenile Justice staff having a reasonable need for the information. I am aware that this information is protected by federal confidentiality rules (42 CFR Part 2) that prohibit redisclosure to any other persons or agencies without my specific written consent.

I understand that this information may not be used against me for criminal investigation or prosecution, that I may revoke this consent at any time, and that this consent will be automatically terminated upon my case being closed to the supervision of the Department of Juvenile Justice.

_____ _____
(Date) (Signature of Juvenile)

_____ _____
(Date) (Signature of Parent, Guardian or Authorized Representative, optional)

_____ _____
(Date) (Signature of Witness)

V. Procedure

F. Confidentiality of Drug Screening and Substance Abuse Assessments

1. The results of a drug screening or a substance abuse assessment shall be considered confidential under federal confidentiality guidelines concerning the records of substance abuse clients (42 CFR Part 2). DJJ personnel shall obtain the juvenile's signature on the Consent for Release of Information Form (form 20-151 A, attached to this procedure), prior to releasing this information unless otherwise specified in this procedure or the federal regulations.

    a. While parental consent is not legally required (see *Code of Virginia* §54.1-2969), CSU staff is encouraged to solicit such approval as indicated by signature on the consent form.
    b. Information may be shared, without consent, with other Court Services Units or Department of Juvenile Justice staff (e.g., the Reception and Diagnostic Center) that may have a reasonable need for this information.
    c. When screening and assessment reports are disclosed, they should be clearly marked as "CONFIDENTIAL" and accompanied by the following statement:

    "This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is <u>not</u> sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

    This statement shall accompany any release of information, even when not requiring written consent (as in item b. above).

2. DJJ personnel shall inform the juvenile that once the juvenile's case is closed to supervision, this consent will automatically expire, and information related to the screening or assessment will not be released without a new consent form signed or a valid court order.

3. DJJ personnel shall inform the juvenile of the right to decline or revoke the consent, and that this information will be relayed to the court for further ***possible*** action.

4. The report of the drug screening and substance abuse assessment shall be provided as an attachment to the Social History when one is so ordered, and shall carry the signature of the Substance Abuse Specialist. In the body of the Social History, it shall be noted that the screening or assessment was completed and that the results are included as an attachment to the report.

5. The Substance Abuse Specialist shall maintain the actual testing materials (SASSI, APSI, and CAFAS forms) in a separate file from the juvenile's CSU file. A copy of the signed consent form shall be included in this file. These materials shall be maintained in a secure location and shall be retained and disposed of in accordance with regulations issued by The Library of Virginia as referenced in standards 6 VAC 35-150-140(3).

Appendix E

Model Memorandum of Agreement and Protocol

MODEL MEMORANDUM of AGREEMENT

I. PARTIES to the AGREEMENT: This agreement entered into this ___ day of _____, 20__, by _____(Community Services Board), hereinafter called the "Treatment Provider," and _____ (Probation and Parole, CCCA, VASAP, Court Services Unit), hereinafter called the "Purchasing Agency."

II. PERIOD of AGREEMENT: From _____, 20__ through _____, 20__ and renewable in accordance with Paragraph VIII.I.

III. PURPOSE: Treatment Provider to provide substance abuse education and treatment services to offenders (referrals) under the supervision of the court referred by the Purchasing Agency.

IV. SCOPE of SERVICES:

A. Treatment Provider will:

1. Provide notice of receipt of referral to Purchasing Agency within five working days.
2. Open a case file that uniquely identifies referrals from the Purchasing Agency.
3. Develop a treatment plan on each referral that addresses major problem areas of the referrals as identified by the ASI and other assessment procedures.
4. Provide a summary and estimate of time necessary to carry out the treatment plan to Purchasing Agency.
5. Place treatment notes in each referral's file that reflects actions taken to address the treatment plan for each treatment session.
6. Notify Purchasing Agency of any absences from scheduled sessions, within 24 hours of occurrence or the next business day.
7. Notify Purchasing Agency of referrals' failure to meet goals and objectives of their treatment plan and/or need to revise the plan if it requires substantially different provision of services and time necessary to provide them within five working days of such determination.
8. Notify Purchasing Agency of any positive drug or alcohol tests, if Treatment Provider conducts such testing, within 24 hours of occurrence or the next business day.
9. Provide written summary of the referrals' response to treatment within ten working days of completion.
10. Record, maintain, and provide upon request statistical data as specified in Appendix A of this agreement.
11. Designate a contact person who shall be responsible for the administration of this contract.

B. Purchasing Agency will provide:

1. At time of referral, complete copies of any screening and assessment on each referral conducted by the Purchasing Agency.
2. At time of referral, summary of the referrals' correctional status, criminal history, and appropriate information regarding the instant offense.

3. Results of any positive drug or alcohol tests if they conduct such testing.
4. Participation of appropriate staff in case review sessions.
5. Payment for services rendered, as specified in Section VI of this document.
6. Results of any sanctions applied to offender that affects participation in treatment.
7. Results of the court disposition of referral's case.
8. Assistance to Treatment Provider in conducting evaluations of the treatment process.
9. A contact person who shall be responsible for the administration of this contract.

V. CROSS-TRAINING:

A. Cross-training for line staff providing services under this agreement will be conducted to ensure they are aware of the requirement of this agreement. The respective contact persons for the Treatment Provider and the Purchasing Agency shall conduct such training.

B. Cross-training opportunities will be conducted periodically to enhance the service provided clients. This training will be scheduled as mutually agreed upon by the Treatment Provider and the Purchasing Agency.

VI. PRICING and PAYMENT TERMS:

A. (Select applicable section)

1. If the Purchasing Agency does not have funds to offset the cost of treatment services, Treatment Provider agrees to provide services to Purchasing Agency referrals following a review of DSM IV dependence criteria for adults or abuse criteria for adolescents and federally mandated populations (e.g., pregnant women, women with dependent children) to determine the service priority of each individual case. Upon admission, referrals will receive services that are no different than other clientele of the Treatment Provider, and as provided in the scope of work of this document.

2. Purchasing Agency agrees to pay (the Treatment Provider $ _____ per referral) (the Treatment Provider's unit costs as specified in Attachment B) for services as stated in the Scope of Services. Payment to the Treatment Provider will be made quarterly on a reimbursement basis. This amount shall be reduced by any payments for treatment services by offenders if the total collected exceeds the actual unit cost of service provided. The Treatment Provider will submit an invoice that indicates number served by name, units of services delivered, and any offender payments no later than the 5th day of the month following the end of the quarter. The quarters shall be July-September, October-December, January-March, and April-June.

3. Purchasing Agency agrees to reimburse the Treatment Provider $ _____ to offset the cost of an FTE dedicated specifically to provide the services as stated in the Scope of Services. Payment to the Treatment Provider will be

made quarterly on a reimbursement basis. The Treatment Provider will submit an invoice that indicates number served by name, units of services delivered following the end of the quarter. The quarters shall be July-September, October-December, January-March, and April-June.

B. If Treatment Provider conducts drug and alcohol tests, Purchasing Agency agrees to pay $____ per drug test and $_____ per alcohol test. Payment will be based on receipt of monthly testing log, which identifies each individual and the date tested.

VII. OFFENDER PAYMENTS:

All referrals capable of paying will be charged according to the Treatment Provider's sliding fee scale, which will be paid directly to the Treatment Provider. If the offender is determined to be financially unable to pay Treatment Providers fees, services will not be denied. The Treatment Provider will be responsible for the collection of this fee through their normal means. The Purchasing Agency may assist Treatment Provider through appropriate consultation with referrals, if fees are not paid in a timely fashion.

VIII. TERMS and CONDITIONS:

A. AUDIT:

If compensation is received from Purchasing Agency, the Treatment Provider shall retain all books, records, and other documents relative to this agreement for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The Purchasing Agency, its authorized agents, and/or state auditors shall have full access to and the right to examine any of said materials during said period. If Treatment Provider receives no compensation for services rendered under this agreement, the normal audit procedures of the Treatment Provider will apply.

B. APPLICABLE LAWS and COURTS:

This solicitation and any resulting agreement shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Treatment Provider shall comply with all applicable federal, state, and local laws, rules, and regulations.

C. AVAILABILITY of FUNDS:

It is understood and agreed between the parties herein that both parties shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

D. CANCELLATION of AGREEMENT:

The parties to this agreement may terminate this agreement, in part or in whole, without penalty, upon 30 days written notice. Any agreement cancellation notice shall not relieve the Treatment Provider of the obligation to deliver and/or perform on all outstanding

orders issued prior to the effective date of cancellation nor relieve the Purchasing Agency from paying for services rendered prior to the date of cancellation.

E. CHANGES to the AGREEMENT:

The parties may agree in writing to modify the scope of the agreement. An increase or decrease in the price of the agreement resulting from such modifications shall be agreed to by the parties as a part of a written agreement to modify the scope of the agreement.

F. CONFIDENTIALITY:

The Provider and the Purchasing Agency will jointly ensure that offender information is handled in accordance with procedures established by the Federal Confidentiality Regulations, 42 CFR Part 2. In addition, both parties agree to adhere to all other federal and state laws and regulations regarding confidentiality of offender information. The parties will have offenders sign the appropriate release of information documents.

G. DEFAULT:

If compensation is provided to Treatment Provider for services rendered, failure to deliver goods or services in accordance with the agreement terms and conditions shall be cause for Purchasing Agency, after due oral or written notice, to procure treatment services from other sources and hold the Treatment Provider responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies that the Purchasing Agency may have.

H. DRUG FREE WORKPLACE:

The Treatment Provider acknowledges and certifies that it understands that the following acts by the Treatment Provider, its employees, and/or agents performing services on state property are prohibited:

1. The unlawful manufacture, distribution, dispensing, possession or use of alcohol or other drugs; and

2. Any impairment or incapacitation from the use of alcohol or other drugs except the use of drugs for legitimate medical purposes.

The Treatment Provider further acknowledges and certifies that it understands that a violation of these prohibitions constitutes a breach of agreement and may result in default action being taken by the Commonwealth in additional to any criminal penalties that may result from such conduct.

I. RENEWAL OF AGREEMENT:

This agreement may be renewed by upon written agreement by both parties. The maximum term of the agreement with all renewals shall not exceed five years. Any changes in the terms of the agreement and the pricing will be negotiated at the time of renewal and included in the renewal document signed by the parties.

TREATMENT PROVIDER:	PURCHASING AGENCY:
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

MEMORANDUM OF AGREEMENT PROTOCOL

The Interagency Drug Offender Screening and Assessment Committee has developed a model Memorandum of Agreement (MOA) that is ***recommended*** for use if:

- No current MOA is in use between the local criminal justice agency and its treatment provider;

- The current MOA does not contain the elements listed in the Model MOA Scope of Services for the service provider and purchasing agency;

- The current MOA does not contain a requirement, listed in the Model MOA Scope of Services, for the designation of a contact person who is responsible for the administration of the contract between the service provider and purchasing agency;

- The current MOA does not contain a requirement for cross-training of line staff who are responsible to carry out provisions of the MOA.

The Interagency Committee is aware that local relationships may require amendment of the Model MOA to address unique local situations. The Committee recommends that representatives of the service provider and purchasing agency, who have authority to sign and implement such agreements, review the Model MOA and negotiate a final agreement that meets their needs. The Committee does not recommend major changes in key elements of the Model MOA. Questions will be addressed by the Interagency Committee upon request.

Appendix F

Model Qualified Service Agreement and Protocol

INTERAGENCY QUALIFIED SERVICE AGREEMENT REGARDING CONFIDENTIALITY of CLIENT RECORDS

This AGREEMENT made this _____ day of _____, 20__, between the undersigned agencies:

WITNESSETH:

WHEREAS, to fairly and effectively provide services to our clients, it is necessary that client data generated by each of the undersigned agencies be freely exchanged between these agencies at the same time that the confidentiality of the data is assured, we agree as follows:

1. SUBSTANCE ABUSE RECORDS.

   With respect to all client information subject to the provisions of the Federal Regulations concerning the confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2, the undersigned agencies hereby enter into a Qualified Service Agreement whereby each agency:

   a. Acknowledges that in receiving, storing, processing, or otherwise dealing with such information, it is fully bound by the requirements of 42 CFR Part 2;
   b. Agrees that it will institute appropriate procedures for safeguarding such information, particularly patient-identifying information;
   c. Agrees that, if necessary, it will resist in judicial proceedings any efforts to obtain access to any information pertaining to patients except as expressly provided for in 42 CFR Part 2; and
   d. Recognizes that any unauthorized disclosure of such patient information is a federal criminal offense punishable by a fine not more than $5,000.00 in the case of each subsequent offense.

2. PRIVACY PROTECTION.

   With respect to all client data subject to the Virginia Privacy Protection Act of 1976, *Code of Virginia* §§2.1-380 and 2.1-382, if applicable and as amended, each agency will:

   a. Advise the client in writing as soon as possible that data generated with respect to the client will be exchanged with the other party for the purpose of serving the client;
   b. Except for this exchange, assure the client of the confidentiality of such data; and
   c. Give to the client upon request, a copy of this agreement.

_____	_____
(Authorized signature)	(Authorized signature)
_____	_____
(Agency)	(Agency)

INTERAGENCY QUALIFIED SERVICE AGREEMENT PROTOCOL

An Interagency Qualified Service Agreement (QSA) is a written agreement between a program and a person/program providing services to that program that include the exchange of information about the offender who is receiving substance abuse services. A QSA is not intended to substitute for or replace a formal Consent for the Release of Confidential Information, but should be used when a program routinely provides and receives service-related information about an offender who is in a substance abuse program. Disclosures under a QSA must be limited to information that is needed by others so that their program can function effectively.

Examples include:

- A laboratory that receives, analyzes, and provides results of drug or alcohol testing;
- Third party insurance carriers;
- Data processing;
- Program evaluators.

The Interagency Drug Offender Screening and Assessment Committee has developed a Model QSA that is recommended for local use.